VENTURA COUNTY

ORAL HEALTH NEEDS ASSESSMENT

September 2018

Ventura County Public Health

in collaboration with the Ventura County

Oral Health Advisory Committee

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"I always schedule my children but when it comes to my own needs and carving out time, I procrastinate until I have no choice but to go."
- Community Oral Health Survey Respondent

Oral health contributes to a person's overall well-being and self-esteem. Oral diseases, which are largely preventable, cause pain and disability for children and adults who do not have access to proper oral health services as well as contribute to the high costs of care. Health habits, including tobacco use and consumption of sugary drinks, can contribute to poor oral health.

This report produced in collaboration with Barbara Aved Associates presents findings from a community-driven assessment process to identify oral health needs, risk and protective factors, service gaps and resources. The assessment process, guided by the Ventura County Oral Health Program (VCOHP) Advisory Committee, included primary research gathered through interviews, focus groups and surveys with stakeholders and residents as well as collection and analysis of existing statistical community indicator data. The findings will be used to develop an Oral Health Strategic Plan and support strategies to improve the oral health status of Ventura County children and adults. Highlights of the county's strengths and challenges include the following:

Key Findings

- Through the Building Healthy Smiles Initiative, United Way of Ventura County along with First 5 Ventura County and other local partners including Ventura County Public Health programs have provided oral health education, school-based screenings, referrals and advocacy for thousands of Ventura County children.

Prevalence of Oral Disease

- Between about one-quarter and one-third of preschool dental screenings in various high-risk settings revealed evidence of oral disease, pointing to the critical need to promote early childhood oral health.

- 44.8% of Ventura County adults reported the condition of their teeth in 2016 as excellent or very good (higher than statewide); only 32.5% of low-income adults said the same.

Protective Factors/Risk Factors

- Even when Ventura County residents live in communities where water is fluoridated some residents do not benefit from this protection—they drink bottled water because they worry tap water is unsafe or tastes bad.

- Chronic Methamphetamine abuse, with its deleterious effect on the oral cavity and teeth, has been recognized as a growing issue of importance in Ventura County.

Access Issues

- Many community dental clinics provide safety net dental care for Ventura County's low-income population; awareness of them is uneven, however.
- 57.4% of emergency department (ED) visits for a dental condition were considered preventable; having a dental home could have avoided many of these visits.
- 54.4% of general dentists responding to the survey do not see children until they are at least three years old. Managing young children in a dental office can be challenging, and not all office staff is agreeable or trained to do so.
- 81% of dentist survey respondents do not accept Denti-Cal in their practices. The dentists who do largely said there was no limit on their current capacity to see Denti-Cal patients.
- 90% of the surveyed dentists who used to take Denti-Cal said they stopped because of low reimbursement rates—similar to findings among private dentists statewide.
- Dental needs related to children and adults with special needs were rarely identified in the community input opportunities for this assessment.

Dental Services Utilization

- 48.9% of children ages 0-20 with Denti-Cal had an annual dental visit in 2015-16.
- 17% of middle and high school students responding to the 2015-16 California Heathy Kids Survey living in temporary housing had never been to the dentist compared to 3% of all student respondents.
- 25.3% of Ventura County adults (and 39.2% of low-income adults) visited the dentist for a specific dental problem in 2016.
- 42.9% of Ventura women with a live birth in 2015-16 reported making a dental visit during their pregnancy.
- Ventura County children receive fewer sealants than children statewide; children of survey respondents in Spanish had higher usage.

Community Input

- Key informants uniformly said oral health education messages integrated with other related efforts were needed to address the serious lack of knowledge about oral health among all groups.

- Some key informants thought schools do not seem to prioritize oral health the same way they do vision and hearing, representing a significant lost opportunity.

- While only about half of the adults in the focus groups had made a dental visit in the last year, nearly all of those with children had taken their children to the dentist within the last 6-12 months.

- Adult survey respondents including those with Denti-Cal called cost, followed by dental fear, the most important reasons for delaying or skipping dental visits.

- 23.6% of Spanish language survey respondents thought baby teeth "don't count much because they're going to fall out anyway."

- Dental fear (23.3%) and thinking their child's teeth "seem healthy because I take care of them myself" (28.4%) were why surveyed parents, particularly in Spanish, delayed or had never taken their youngest child to the dentist.

- 42.7% of surveyed parents in English and 58% in Spanish said their child drinks 1-2 sodas or other sugar-sweetened beverages in a typical day, which increases the risk of dental decay.

NEXT STEPS

These assessment findings are meant to guide Ventura County Public Health and its partners in developing an Oral Health Strategic Plan for the county effective January 2019. To address the highest needs identified in this assessment and align with the goals and objectives of the California Oral Health Plan, the local implementation strategies will include:

- Caries prevention among young children (e.g., routine dental visits; fluoride varnish, sealants).
- Dental visits for pregnant women during pregnancy and increased medical-dental collaboration.
- Community awareness of the relationship between oral health and general health and the value of early childhood oral health.
- Integration of oral health into medical care delivery systems.
- Greater participation of dentists, particularly specialists, in Denti-Cal.
- Tobacco cessation counseling in dental offices.
- Established dental homes to reduce emergency department visits for preventable dental conditions.
- Continued efforts toward community drinking water fluoridation.
- Support for community health center dental clinics
- Accessible (timely, no-cost) utilization data for program planning, advocacy and education; and maintaining and supporting collaborative relationships that promotes oral health.

INTRODUCTION

"As long as they're [teeth] not hurting, why go to the dentist?"
- Focus group participant

Good oral health and control of oral bacteria protects a person's health and quality of life. Teeth that function properly are essential for optimal nutrition as well as speech, hearing and language. Not being able to see a dentist is related to a range of health problems. An unhealthy mouth, especially if a person has gum disease, can increase the risk of serious health problems such as heart attack, stroke, poorly controlled diabetes and preterm labor.[1,2] Poor oral health among adults can lead to increased risk for long-term chronic conditions, lost workdays and reduced employability. Children suffering from tooth pain often miss school or are distracted from learning. Early childhood caries (cavities) is now recognized as the number one chronic disease affecting young children, five times more common than asthma and seven times more common than hay fever.[3] Oral health care is particularly important for the health of infants, young children, new mothers, and women who are pregnant or may become pregnant.[4] Since the consequences of poor oral health can have a lifelong effect—and because pregnancy is a "teachable moment" when women are receptive to changing behaviors that can benefit themselves and their children—pregnancy and early childhood are particularly important times to access oral health care.

Consequently, the American Academy of Pediatrics (AAP) and American Dental Association (ADA) recommend the first dental visit take place by the age of 1 and occur at least annually thereafter. Yet, according to the 2016 California Health Interview Survey, 17.2% of children in Ventura County (compared to 14.9% statewide) have never had a dental visit; and, more than a quarter of adults reported they did not make a dental visit in the last year. The proportions are even lower for low-income populations and people without dental insurance.

This report, produced by Ventura County Public Health with the guidance of the Ventura County Oral Health Program Advisory Committee and in collaboration with Barbara Aved Associates, presents findings from a community-driven assessment process to identify oral health needs to improve the oral health status of Ventura County children and adults. While access to oral health services in Ventura County *has* improved as a result of efforts by community partners such as Building Healthy Smiles Collaborative, a number of opportunities exist for strengthening it, as this needs assessment shows.

Background

Funding for this needs assessment, part of a 5-year oral health grant to Ventura County Public Health, came from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, which provides $30 million annually to activities that support the state *2018-2022 California Oral Health Plan.* The mission of the California Department of Public Health's Oral Health Program (COHP) is to promote oral health and reduce oral diseases through prevention, education and organized community efforts. Local health jurisdictions throughout California received funding to implement selected strategies outlined in the Plan that will help make progress toward achieving the following goals:

Goal 1

Improve the oral health of Californians by addressing determinants of health and promote healthy habits and population based prevention interventions to attain healthier status in communities.

Goal 2

Align the dental health care delivery system, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.

Goal 3

Collaborated with payers, public health programs, health care systems, foundations, professional organizations, and educational institutions to expand infrastructure, capacity, and payment systems for supporting prevention and early treatment services.

Goal 4

Develop and implement communication strategies to inform and education the public, dental teams, and decision makers about oral health information, programs, and policies.

Goal 5

Develop and implement a surveillance system to measure key indicators of oral health and identify key performance measures for tracking progress.

METHODS

This oral health assessment involved gathering, analyzing and interpreting data to identify community needs and provide the basis for developing an action plan that will be responsive to the identified needs. The report is organized according to findings about prevalence, access, and utilization. Both quantitative data (statistics) and qualitative data (surveys and interviews) methods were used to collect the information for this assessment.

Ventura County Oral Health Program Advisory Committee

A 30-member Advisory Committee (AC) composed of Public Health staff, local partners, experts, and key stakeholder organizations was convened to provide general guidance for the needs assessment process and facilitate access to underserved areas and vulnerable population groups (Attachment 1). Because some of the members also participated in the County's Community Health Needs Assessment process as well as serve on the Building Healthy Smiles Leadership team, their familiarity with the county's populations, needs and providers were a definite asset to this needs assessment process.

Data Sources and Collection

Secondary (Statistical) Data

The Office of Statewide Health Planning and Development provided the data on emergency department visits for dental conditions using discharge data when an oral condition was the primary diagnosis.[5] The oral conditions were identified using the ICD-10 diagnosis codes. Because some of the dental conditions are considered to be *preventable*, they are regarded as potentially avoidable reflecting conditions that would "likely or possibly benefit from better prevention or primary care."[6] The Association of State and Territorial Dental Directors provided the ICD-10 dental codes OSHPD used to pull the data for this report.

Population-based data such as those from the California Health Interview Survey (CHIS)—the largest state health survey in the U.S.—and Building Health Smiles Initiative of The United Way Ventura County were accessed to examine dental service utilization and dental screening results, respectively, among the general Ventura County population.

Existing data on Denti-Cal utilization were retrieved from the Department of Health Care Services (DHCS) Medi-Cal Dental program. Because DHCS staff does not prioritize "ad hoc" data requests (data not already on its website) requesters must use the Public Records Act to obtain it. Zip code level utilization data needed for this needs assessment were requested under that process and received after about six months at charge from DHCS of $4,673.40.

Primary Data (Community Input)

Interviews. Twenty-seven of the 30 invited key informants participated in structured telephone interviews as part of the assessment process. They included local leaders, policy makers, dental experts, providers, community-based organization representatives and advocates. Their views and knowledge reflected a wide range of experience and served as a key asset to the study. In addition to extensive interviews with safety net provider staff, a number of follow-up emails helped us learn more about clinic services, capacity, and perspectives on need. (Attachment 2 contains a list of these individuals.)

Surveys. The Santa Barbara/Ventura County Dental Society made available online to its members a community dentist survey (Attachment 3) the consultant developed.[7] Respondents, which included participating as well as non-participating Denti-Cal providers, were asked about dental office practices, capacity, opinions as well as experiences regarding Denti-Cal.

A brief survey was also developed for the Ventura County Medical Society to distribute to its members and various medical groups concerning primary care physicians' oral health knowledge and practices. Ultimately, however, the Medical Society did not consider the survey feasible to participate.

A questionnaire developed in English and Spanish for the general public solicited people's knowledge and opinions about oral health, and asked about their experiences and needs (Attachment 4). The survey was widely distributed in hard copy by members of the AC and included locations where groups of interest would best be reached, such as at family resource centers. In addition, the survey was available online in both languages and notices about its availability were posted on the County's and various organizations' websites and in their newsletters. The data were cleaned, coded and entered into Microsoft Excel spreadsheets using standard data security measures.

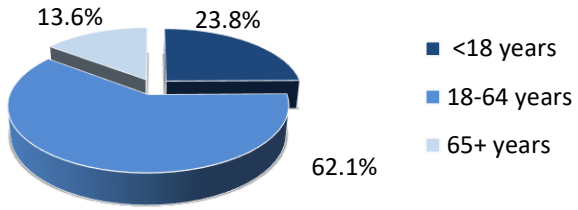
Community Focus Groups. Various organizations such as preschools and health education classes in five geographic locations described later in the report hosted community focus groups. The sites were intended to draw populations that typically gathered there (e.g., preschool parents attending a class or meeting). Although the participants constituted a convenience sample, there was the expectation that *in the aggregate* the groups would be diverse and reflect the populations of highest interest to the needs assessment. A set of structured key questions was used for each group, and tailored as appropriate for the participants. The questions were generally open-ended to encourage dialogue, but included some that were intended to learn specific information (e.g., last dental visit). Spanish-speaking interpreters (generally program staff) provided interpretation when necessary. The focus group data were hand recorded by the facilitator during the meetings then transferred to written summary formats where the notes were coded and analyzed.

FINDINGS

County Snapshot[8]

Ventura County, considered the southernmost county along the California Central Coast, is comprised of 10 cities, 13 census-designated places, and 15 other unincorporated communities. As of 2016, the county was home to 850,536 residents. As Figure 1 shows, about one-quarter (23.8%) of the population is under age 18; 62.1% is age 18-64; and the remainder, 13.6%, is age 65 and older—percentages that mirror statewide averages.

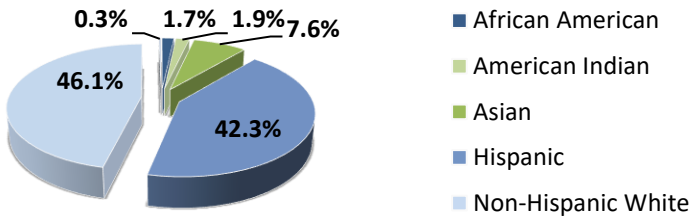
Figure 1. Ventura County Population by Age Group, 2016



Source: American Community Survey.
Note that a more complete, updated set of demographic data can be found at http://www.healthmattersinvc.org/demographicdata

Socioeconomic status is a key determinant of health and has a significant impact on access to preventive as well as treatment services. About 11% of the county's population (and 15.2% of children) were estimated to be living below the federal poverty level in 2016; 14.7% of new mothers live in a high poverty neighborhood.[9] The proportion varies considerably by factors such as geographic location and race/ethnicity, however. Figure 2 displays the racial diversity of the county. Among unique groups in Ventura County, twenty thousand indigenous people from southern Mexico, many speaking primarily their indigenous language (Mixteco or Zapoteco), live and work in the county. Estimates suggest that in 2014, there were 69,000 undocumented immigrants living in Ventura County.[10]

Figure 2. Ventura County Population by Race/Ethnic Group, 2016



Individuals with limited English proficiency are more likely to forgo needed healthcare services, including dental visits, and experience difficulty comprehending health-related information; 10.1% of individuals in Ventura County are estimated to have insufficient proficiency in English.

Extent of Oral Disease

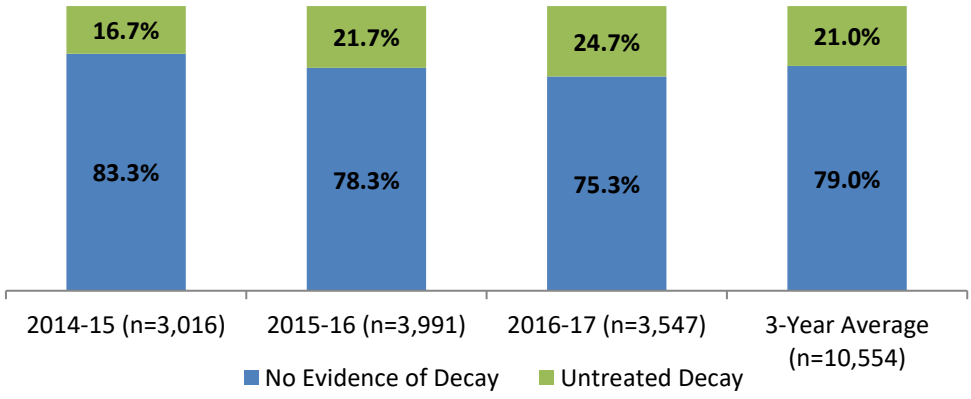
"We always sprinkle Nesquik on our [sugared] cereal; it's just what we've always done." - Focus group participant

Prevalence of Oral Disease among Local Children

The consequences of poor oral health are particularly critical for children and can have a huge impact on overall health as well as children's performance in school. Dental disease, the most common chronic childhood disease, contributes to school absenteeism, difficulty learning, and diminished nutritional status, self-esteem and overall well-being. Prevalence of untreated decay in primary or permanent teeth among children from lower-income households is more than twice that among children from higher-income households.[11]

Pre-kindergarten dental assessments[12] are the best source of surveillance data for providing a picture of dental disease among children. Screening results for the reporting school districts in Ventura County in 2014-2017 show an average of 21% of the assessed children had evidence of untreated dental decay (Figure 3). However, each year during that 3-year period the proportion of children with decay increased slightly, a trend worth watching. It should be noted that of the 19 Ventura County school districts, only 9, 12, and 14 of them, respectively, submitted data in the three years shown in the bar graph. Attachment 6 contains a list of the reporting districts. It is also important to note that the largest school district, Oxnard Elementary, did not submit data.

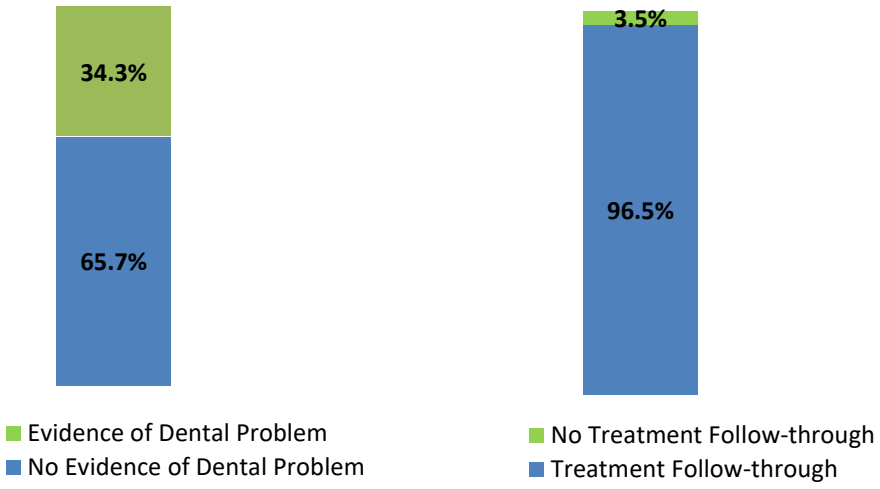
Figure 3. Pre-Kindergarten Dental Screenings Results, Reporting School Districts in Ventura County



Source: Ventura County Office of Education, January 2018

Of the 1,165 children screened through the Head Start program in 2016-17, 400 (34.3%) showed some evidence of an oral problem (gum tissue, cavities). Nearly all (96.5%) of the children with an oral problem referred for treatment followed through and received care (Figure 4).[13]

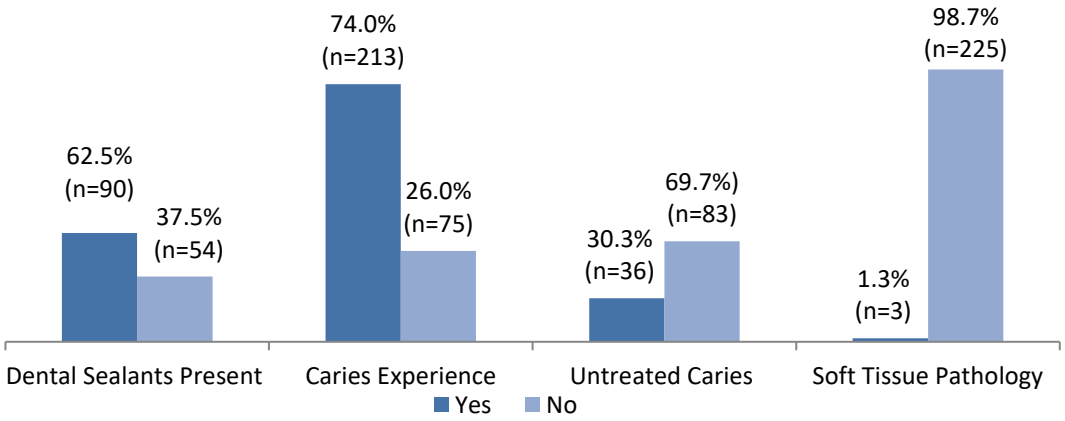
Figure 4. Head Start Dental Screening Results, FY 2016-17 (n=1,165)



Source: Child Development Resources

The results of a Building Healthy Smiles Initiative dental screening last year further documents the picture of dental disease among children in Ventura County (Figure 5). Of 228 Mar Vista Elementary School students screened with reported screening data, 67% were recommended to receive restorative care, and 1% were recommended to receive urgent treatment.[14]

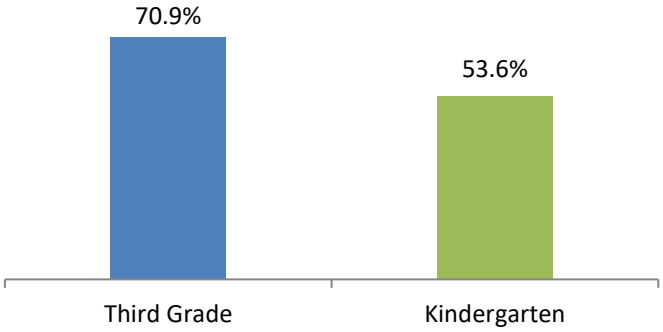
Figure 5. Building Healthy Smile Screening Results, Spring 2017 (n=228)



Source: Building Healthy Smiles Initiative of United Way Ventura County

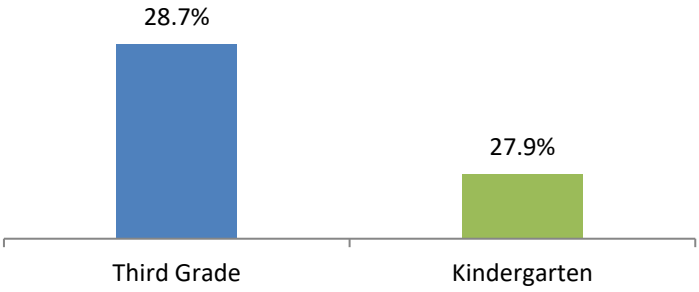
Statewide surveillance data from the Centers for Disease Control and Prevention (CDC) 2004-05 State Oral Health Survey[15], although not recent or local, do provide baseline data that can be used for improving local caries experience and untreated tooth decay among kindergarten and third grade students in Ventura County (Figures 6 and 7 below). Some children are disproportionately at higher risk compared to the general population and other racial-ethnic groups. For example, in American Indian and Alaska Native (AI/AN) children, these problems begin early. By the age of two, approximately 39% of AI/AN children have experienced dental caries and by the age of five, 76% are affected by caries.[16]

Figure 6. Percentage of Students with Caries Experience (Treated or Untreated Tooth Decay), California 2004-05



Source: CDC State Oral Health Survey

Figure 7. Percentage of Students with Untreated Tooth Decay, California 2004-05



Source: CDC State Oral Health Survey

Prevalence of Oral Disease among Local Adults

Dental disease is a chronic problem among many adults as well as children, with those from low-income groups disproportionately affected. A study titled "Prevalence of Periodontitis in Adults in the United States, 2009-2012," [17] estimated that 45.9% of all American adults aged 30 and older have mild, moderate or severe periodontitis; of these, 8.9% have severe periodontitis, the more advanced form of periodontal disease. In adults 65 and older, prevalence rates increase to 70.1%. Prevalence is highest in Hispanics (63.5%) and Non-Hispanic blacks (59.1%), and least among Non-Hispanic whites (40.8%). Research also shows 40% of low-income adults age 20 years and older in

the U.S. were estimated to have at least one untreated decayed tooth in 2012; [18] among 45-64 year-olds, the percentage with untreated dental caries was 48.6%.[19]

Applying oral disease prevalence estimates locally from this collective research suggests the following could be the case for adults in Ventura County:

- With approximately 46% of all adults age 30+ with mild, moderate or severe periodontitis, it could be estimated that 237,166 of residents currently has some level of oral disease—and 21,108 has severe periodontitis.

- An estimated 20,580 of low-income adults (40% of low-income age 20 years and older) likely have at least one untreated decayed tooth.

Research from the U.S. Government Accountability Office report that examined disparities in oral health care between low-income and high-income adults using key dental health indicators with additional relevance for Ventura County found that:[20]

- Adults living at or below the federal poverty level were less than half as likely to have seen a dentist in the past year as adults earning more than four times the poverty level.
- Adults with Medicaid coverage made fewer visits to dentists than their higher-income counterparts.
- Residents of rural areas were slightly less likely to have visited a dentist in the past year than urban residents.
- The most vulnerable low-income populations are people who are homeless.

The 500 Cities Project through the Centers for Disease Control and Prevention (CDC) includes data on age 65+ years teeth loss for the four largest Ventura County cities, as shown in Table 1.[21]

Table 1. Adults Age 65+ with Total Tooth Lost in the Four Largest Ventura County Cities, 2014

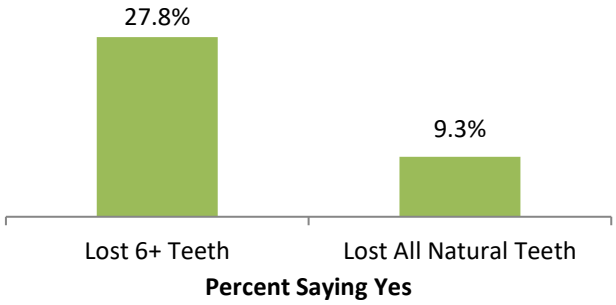
City	Percent
Thousand Oaks	7.4%
Simi Valley	8.6%
San Buenaventura (Ventura)	9.2%
Oxnard	14.4%

Source: CDC 500 Cities Project.

Statewide surveillance data from the CDC Behavioral Risk Factor Surveillance System (BRFSS),[22] which also have implications for Ventura County adults, indicate that 27.8% of California

adults age 65+ have lost six or more teeth and 9.3% have lost all of their natural teeth as a result of oral disease (Figure 8).

Figure 8. Adults Aged 65+ Who Have Lost Six or More Teeth or All of Their Natural Teeth Due to Tooth Decay or Gum Disease, California 2016.



Source: Behavioral Risk Factor Surveillance System

Because so many California adults experience barriers to dental care, the California Dental Association and CDA Foundation host CDA Cares, a program that allows volunteer dentists, with the assistance of other dental professionals and community volunteers, to provide dental services at no charge to people with extreme dental needs and barriers to services. While CDA Cares data are clearly skewed (the event draws the neediest populations), the services provided importantly add to the picture of need, particularly for adults. Table 2 presents the most recent data for CDA Cares Ventura.

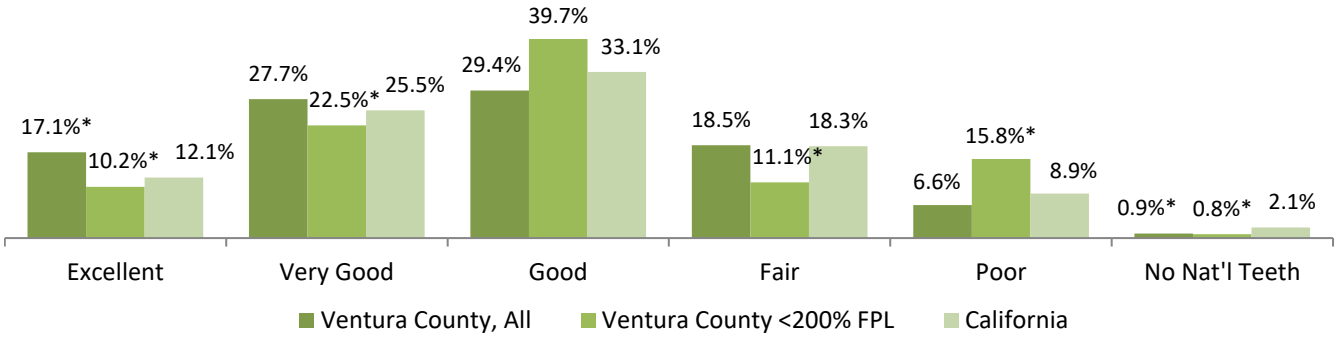
Table 2. Services Provided by CDA Cares Ventura, 2016

	Total Patients = 1,884 (1,736 adults; 148 children age 0-18)
Procedure	Number Completed
Cleanings	531
Restorative	1,077
Other Restorative Treatment	61
Endo	88
Denture	91
Stayplates	100
Oral Surgery	1,667
Other Surgical Procedures	13

Source: California Dental Foundation, April 2018.

Contrasting the CDA Cares data are the dental self-reports of the general public of Ventura County. Although 17.1% of Ventura County adults reported the condition of their teeth in 2016 as excellent and 27.7% as very good (higher than statewide), only 10.2% and 22.5%, respectively, of low-income adults were able to report such conditions (Figure 9).

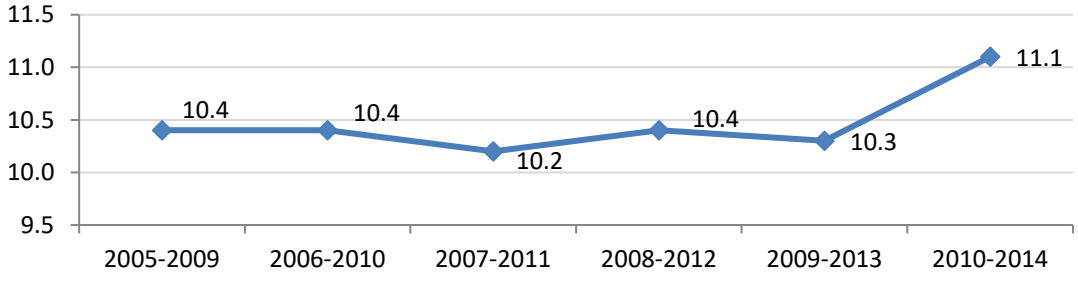
Figure 9. Adults' Self-Reported Condition of Teeth



Source: 2016 California Health Information Survey
Note: *Data statistically unstable due to small sample size

Access to regular dental care is also important because the dentist or dental hygienist may be the first person to spot signs of oral and throat cancer. This cancer forms in tissues of the mouth or the oropharynx (the part of the throat at the back of the mouth). The known risk factors for developing oral cancer—which is largely preventable—are tobacco use and heavy alcohol consumption. According to the American Cancer Society, individuals who both smoke and drink excessively are 30 times more likely to develop oral cancer than those who do not smoke or drink. While the age-adjusted incidence rate for oral cavity and pharynx cancer in Ventura County was relatively stable at about 10.4 (in cases per 100,000 population) between 2005 and 2010, the rate rose to 11.1 during the period 2010-2014 (Figure 10).[23] The rate was highest among the White population; the incidence among men was nearly three times that of women.

Figure 10. Oral Cavity and Pharynx Cancer Incidence Rate, Ventura County



Source: National Cancer Institute

According to the California Cancer Registry, in Ventura County, 127 new cases of oral cancer were diagnosed in 2014.[24]

COMMON RISK AND PROTECTIVE FACTORS

"Only when they have very advanced cavities, infection and pain do they [undocumented adults] go to the dentist; it's too high cost."
- Key Informant Interviewee

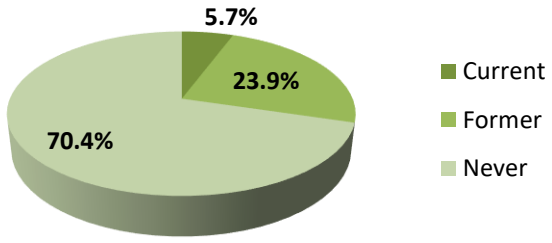
Risk Factors

Oral diseases and other chronic diseases share many common risk factors, such as poor dietary habits including the consumption of soda and other sugar-sweetened beverages, and tobacco use. As there are various effective chronic disease interventions, fluoridated drinking water has been shown to be effective in reducing tooth decay.

Tobacco Products

The adverse effects of tobacco use on oral health are well established. There is a strong link between smoking and oral cancer, periodontal disease, tooth loss and treatment outcomes. Smokers, for example, are about twice as likely to lose their teeth as non-smokers. According to the 2016 California Health Interview Survey (CHIS), 5.7% of Ventura County adults, less than half the state average, report they currently smoke tobacco; 23.9% formerly smoked and 70.4% never smoked (Figure 11). Of adults who have ever smoked, 10.7% said they did this every day; 8.6% said "on some days." A higher percentage of men, 7.1%, than women, 4.3%, smoke.

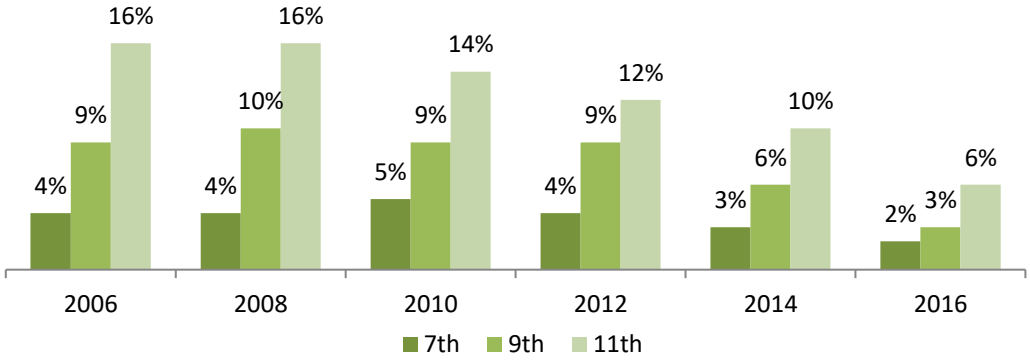
Figure 11. Smoking Status of Ventura County Adults



Source: 2016 California Health Interview Survey

While the sample of teens in CHIS who currently smoke was too small to calculate, countywide 2015-16 California Health Kids Survey data provide a useful picture of tobacco use among local youth. Students in grades 7, 9 and 11 from multiple Ventura County school districts were asked, In the past 30 days, have you smoked a cigarette? As Figure 12 shows, there was a steady decline in reported smoking incidence among 11th graders over the 10-year period, and from 2012 – 2016 a more moderate decline among 9th graders and a fair decline among 7th graders.

Figure 12. Percent of Ventura County Students Who Reported Cigarette Smoking in Past 30 Days, 2015-16

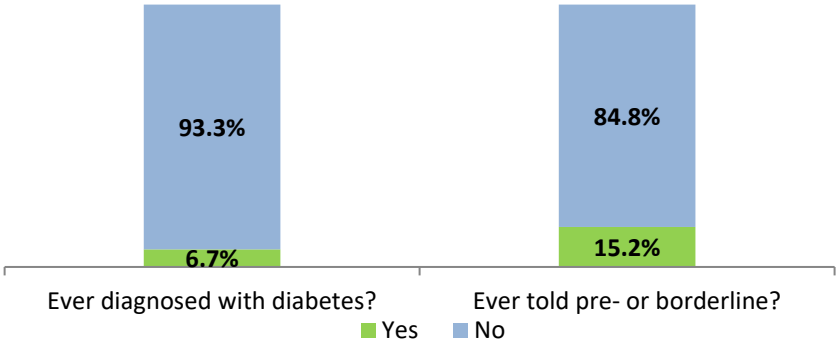


Source: 2016 California Healthy Kids Survey

People with Diabetes

Because oral health and general health are integral to each other, oral signs and symptoms may provide the first clues to the presence of other diseases such as diabetes. Diabetics are more susceptible to the development of oral infections and periodontal disease. They are also less likely to visit the dentist than people with prediabetes or without diabetes; about 61% compared to 66.5% among people without diabetes who make annual dental visits.[25] Treating gum disease can help improve blood sugar control in patients living with diabetes**,** decreasing the progression of the disease. Other than during pregnancy, 6.7% of Ventura County adults have ever been diagnosed with diabetes, compared to 9.1% statewide, and 15.2% told by a doctor they had pre-diabetes or borderline diabetes (Figure 13).

Figure 13. Diabetes Experience, Ventura County Adults, 2016



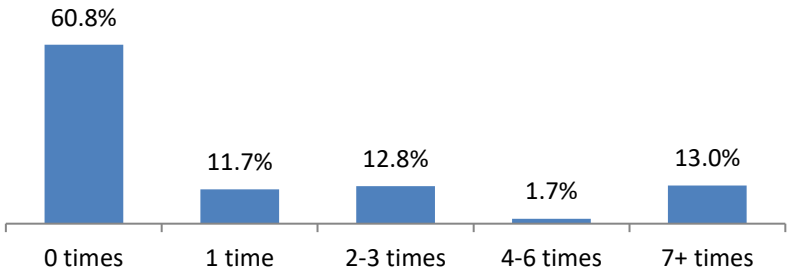
Source: 2016 California Health Interview Survey

Soda and Other Sugary Beverages

Tooth decay is caused by bacteria in the mouth using sugar from foods and drinks to produce acids that dissolve and damage the teeth**.** Sugar sweetened beverages have high levels of sugar and drinking these can significantly contribute to tooth decay. While most Ventura County adults (72.5%) reported to CHIS their average weekly consumption of soda was "none" or just one time per week,

14.7% said they drank soda four or more times a week on average (Figure 14)—very similar to the statewide average.

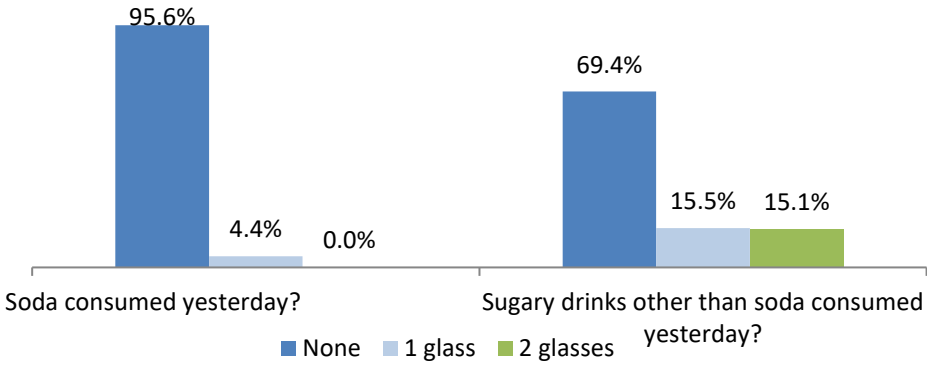
Figure 14. Average Weekly Soda Consumption of Ventura County Adults



Source: 2016 California Health Interview Survey

Ventura County children and teens appear to choose other sugary drinks over soda when they drink sugared beverages, according to CHIS, with about 15% reporting they drank 2 glasses in the previous day (Figure 15). Nonetheless, consumption of both soda and other sugary drinks among the younger population is slightly lower in Ventura County than statewide. While it may not be representative of the whole county, it is worth noting the results when the Building Healthy Smiles Initiative asked this question during the Mar Vista Elementary School dental screening last spring: 53% of elementary students reported drinking soda 1-2 times a week and another 8% said they consumed it 3-5 times a week.

Figure 15. Soda and Sugary Beverage Consumption of Ventura County Children and Teens



Source: 2016 California Health Interview Survey

Substance Abuse

The severe damage to the oral cavity and deleterious effect on teeth that occurs from chronic methamphetamine is so rampant that it has its own classification: meth mouth. Methamphetamine abuse has been recognized as a growing issue of importance in Ventura County.[26] According to the Ventura County Probation Department, for example, meth abusers make up almost 60% of referrals to the County's Proposition 36 drug diversion program, compared with 50% of referrals across the state.[27]

Protective Factors

Extent of Community Water Fluoridation

Access to fluoridated water is an important determinant of oral health. Community water fluoridation is the safest, most effective and most economical public health intervention for reducing the epidemic of tooth decay.[28] Almost all water contains some naturally occurring fluoride, but usually at levels too low to prevent tooth decay. Water systems are considered naturally fluoridated when the natural level of fluoride is greater than 0.7 parts per million (ppm).[29] When a water system adjusts the level of fluoride to 0.7-1.2 ppm, it is referred to as water fluoridation. This optimal target goal is aimed at providing the benefits of fluoridation while minimizing the chance that children develop dental fluorosis, a typically mild condition that causes a discoloration of teeth.

The water systems in Ventura County shown in Table 3 provide a mixture of fluoridated and non-fluoridated water, some less than the ideal amount needed to improve oral health.[30] All areas south of the City of Ventura, for example, receive water from the Metropolitan Water filtration plant, which adds fluoride to an average of 0.8mil, consistent with national recommendations. Many of the municipal systems blend this with local sources of water to improve taste, but the dilution does not reduce the concentration of fluoride.

Table 3. Fluoridation by Public Water Systems, Ventura County, 2016

Fully Fluoridated Water Systems (all water is fluoridated)	Water Systems Providing a Mixture of Fluoridated and Non-Fluoridated Water	
Solano Verde Mutual Water Co.	Academy Mutual Water Co.	Port Hueneme Naval Base
Academy Mutual Water Co.	Brandeis Bardin Institute	Port Hueneme Water Agency
Brandeis Bardin Institute	Cal-American WC (Las Posas Estates)	Solano Verde Mutual Water Co.
Ventura CWWD No. 17 (Bell Canyon)	Cal-American WC (Village District)	Thermic Mutual Water Co.
City of Port Hueneme	Calleguas MWD	USN - Camarillo Housing
Cal-Water Service Co. (Westlake)	Cal-Water Service Co. (Westlake)	Ventura CWWD No. 1 (Moorpark)
City of Thousand Oaks	Camrosa Water District	Ventura CWWD No. 17 (Bell Canyon)
Ventura CWWD No. 8 (Simi Valley)	Channel Islands Beach CSD	Ventura CWWD No. 19 (Somis)
Channel Islands Beach CSD	City of Camarillo	Ventura CWWD No. 8 (Simi Valley)
Cal-American WC (Village District)	City of Oxnard	
Oak Park Water Service	City of Port Hueneme	
Calleguas MWD	City of Thousand Oaks	
Lake Sherwood CSD	Crestview Mutual Water Co.	
Cal-American WC (Las Posas Estates)	Golden State WC (Simi Valley)	
Point Mugu Naval Base	Lake Sherwood CSD	
Port Hueneme Naval Base	Oak Park Water Service	
USN - Camarillo Housing	Pleasant Valley Mutual Water Co.	
Port Hueneme Water Agency	Point Mugu Naval Base	

Source: California State Water Resources Control Board, current as of 10/5/17.

While a large part of Ventura County water systems *are* fluoridated not everyone is drinking the water. Following reports in other places involving water quality, some residents—described in the community input section of this report—question the safety of their tap water and drink bottled water instead—losing the benefit of fluoridation. For example, of 255 elementary school students screened last spring through the United Way Building Healthy Smiles Initiative, 58% reported drinking bottled water 6-7 times within a seven-day period. According to the California State Water Resources Control Board, which oversees and regulates drinking water, municipal water agencies are required to conduct extensive regular water quality testing by certified laboratories. Testing is performed at a minimum daily, weekly, monthly, quarterly, annually, and triennially. While tap water may not always taste good everywhere the message is that it is considered relatively safe. There are no areas of Ventura County currently out of compliance relative to community drinking water standards.[31] Until consumers' minds are put to rest about the safety of their drinking water, however, it will continue to be a challenge for oral health educators to promote the use of fluoridated tap water.

ACCESS TO SERVICES

"Many adults have fear, bad experiences…they avoid the dentist because they're afraid of what they're going to find out is wrong with their teeth."
- Key Informant Interviewee

Common Barriers and Other Access Issues for Oral Health Services

While some children and adults living in Ventura County enjoy good oral health and ready access to high-quality dental care, many do not. Barriers to oral health services are the result of a combination of factors related to the delivery system (e.g., not enough dental clinics or local dentists who accept Denti-Cal) as well as patient personal factors (e.g., lack of perceived need and knowledge about the importance of oral health, lack of dental insurance).[32] Education level, income status and ethnicity are important determinants of regular dental care.[33] Even people with dental insurance do not always seek dental services; dental anxiety—a parents' fear as well as children's fears—can affect whether people make regular visits.[34,35] Cultural attitudes can also be strong influences on health behaviors and act as barriers to using preventive services. For example, "fatalism" among Latinos (a strong belief that uncertainty is inherent in life and each day is taken as it comes), [36] or the outlook of "no tooth pain, no need to see a dentist" can influence access. A climate of fear under the federal administration—and a blurred line between undocumented and documented—can also prevent many immigrant families from seeking services from local providers and facilities—a step backward after many years of encouraging people to sign up for health insurance and obtain regular medical and dental care.

The barriers Ventura County residents identified in *this* needs assessment process are consistent with these findings, and are described later in the report where all the Community Input is presented, in a section titled Community Oral Health Survey.

Local Dentist and Dental Professionals Supply

While dentist supply can affect the number of dentists available to treat the population, overall supply is not a limiting factor in Ventura County. With 710 licensed dentists,[37] the county is considered to have an adequate supply based on an estimated 2016 dentist-to-population ratio of 1,130:1 (a slightly lower ratio than the statewide average, 1,210:1). Dentist-to-patient ratios, however, cannot take into account differing factors such as demand, the distribution of dentists in the community, a willingness to see patients covered by public programs and so forth. Approximately 80% of the active dentists in Ventura County are general or family dentists, with the remaining 20% split among the specialties.[38] In addition to dentists, there are 506 licensed Registered Dental Hygienists and 624 Registered Dental Assistants.

Dentist supply, however, does not address the question of whether dentists are willing to see patients with Denti-Cal or whether general dentists are trained and agreeable to seeing very young children in their practices. According to the 2014 state Auditor's Report,[39] the ratio of general dental office providers to beneficiaries willing to accept new Medi-Cal child patients for Ventura County as of December 2013 was 1:729, relatively favorable to many other counties. (By contrast, of the counties with Denti-Cal providers—some had none—Orange County had the most favorable ratio of 1:328 and Humboldt had the worst of 1:8,503).

Dental Professional Shortage Areas

Dental Health Professional Shortage Area (DHPSA) is a federal designation recognizing communities that can demonstrate they have a shortage of dental professionals. DHPSA designation is a prerequisite for participating in a variety of state and federal funding programs designed to increase access to services. It is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of dentists. The designation is based on MSSA (medical service study area) boundary, population-to-dental practitioner ratios of 1:5,000, available access to healthcare and other factors.[40]

There are three designated Dental HPSAs in Ventura County (Table 4). The shortage areas are scored 1 to 26 on various factors, with the higher scores indicating greater need.

Table 4. Dental Health Professional Shortage Areas, Ventura County

Entity	Designation Type	HPSA Score[1]	HPSA Designation Last Updated
Clinicas del Camino[2]	Comprehensive Health Center	20	4/2/15
Ventura County Public Health Care Agency[2]	Comprehensive Health Center	19	12/19/17
Low Income Migrant Farmworkers	Population Group	14	4/12/12

Source: http://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx
[1]Out of 26. Higher scores indicate greater need.
[2]The name of the organization as shown on the HRSA website for the source of this data.

Local Dentists' Experience

The local dentist survey, the Santa Barbara/Ventura County Dental Society made available online for us, yielded about a 19% response rate, with 77 usable surveys.[41] Three-quarters (76.6%) of the respondents were general or family dentists (Figure 16), generally reflective of the proportion of general dentists that practice in Ventura County. The response rate of pediatric dentists, 2.6%, was disproportionately low as they represent 7.6% of Ventura County dentists. As a group, the response

rate of other specialists matched the specialist dentist profile of the county. The majority of the respondents (84.6%) see children and adults; 2.6% see only children; and 12.8% see only adults. Close to one-quarter of the respondents practice in the City of Ventura (Figure 17).

Figure 16. Survey Respondents' Type of Dental Practice (n=77)

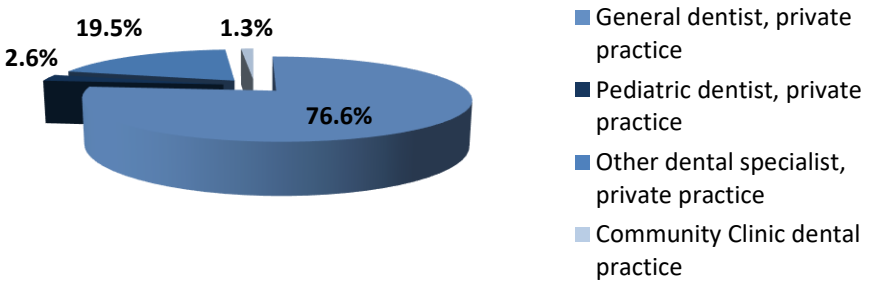
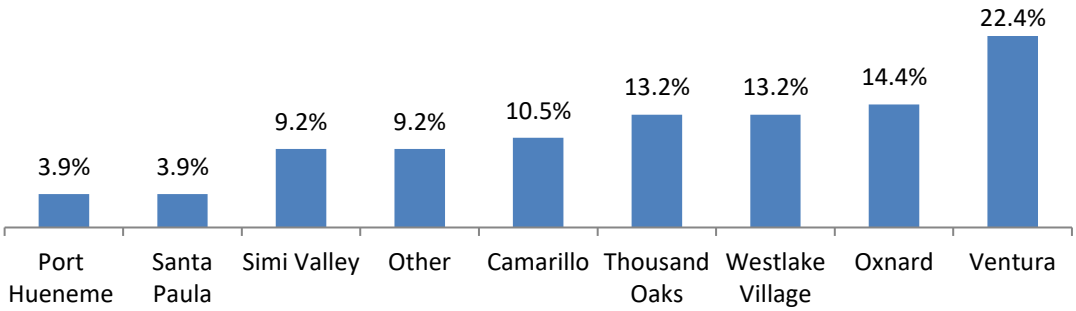
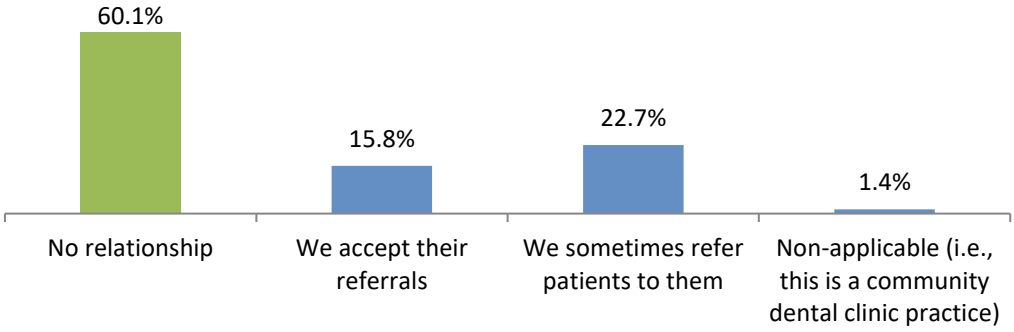


Figure 17. Survey Respondents' Location of Dental Practice (n=76)



Some type of relationship—generally referrals back and forth—with community clinics was described by 38.5% of the dentists (Figure 18); 60.1%, however, reported they had no relationship with community dental clinics in their area.

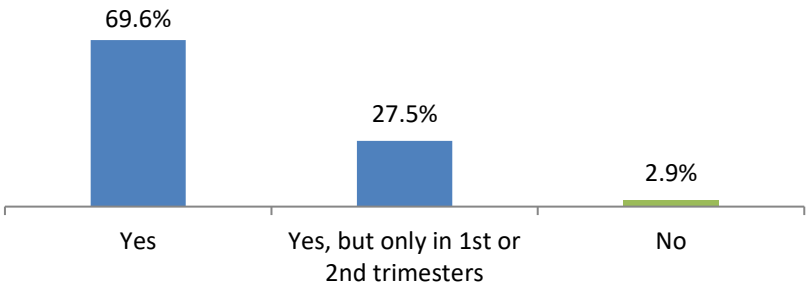
Figure 18. Dentists' Relationships with Community Dental Clinics (n=51)



Pregnancy and Early Childhood

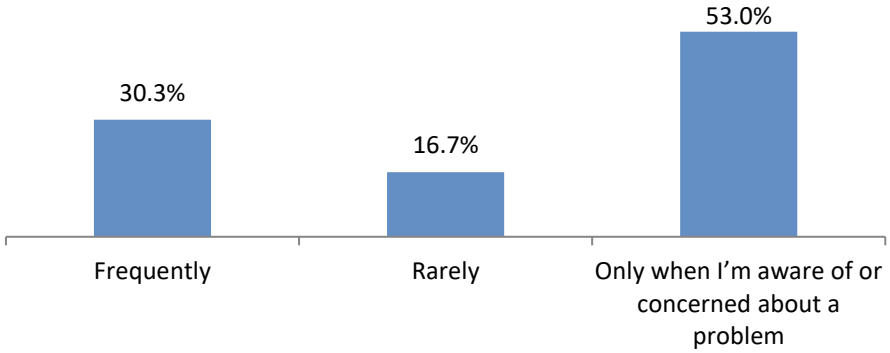
Maintaining good oral health during pregnancy has the potential to reduce the transmission of pathogenic bacteria from mother to child and can be critical to the overall health of both pregnant women and their infants. Although some (27.5%) Ventura County dentists limit serving pregnant patients to the first and second trimesters, 69.6% reported providing dental care (routine teeth cleanings, dental X-rays, local anesthesia) without reservation to patients during pregnancy (Figure 19).

Figure 19. Provision of Dental Care to Pregnant Patients (n=69)



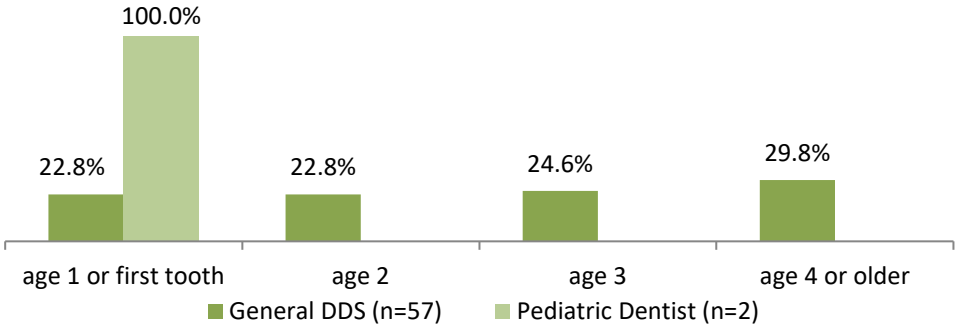
Most (53%) of the dentists said they were most likely to consult with a pregnant patient's prenatal care provider when they were aware of or concerned about a particular problem; 30.3% frequently consulted about a dental treatment plan, and 16.7% reported they rarely did so.

Figure 20. Frequency of Consulting with Pregnant Patient's Prenatal Care Provider (n=66)



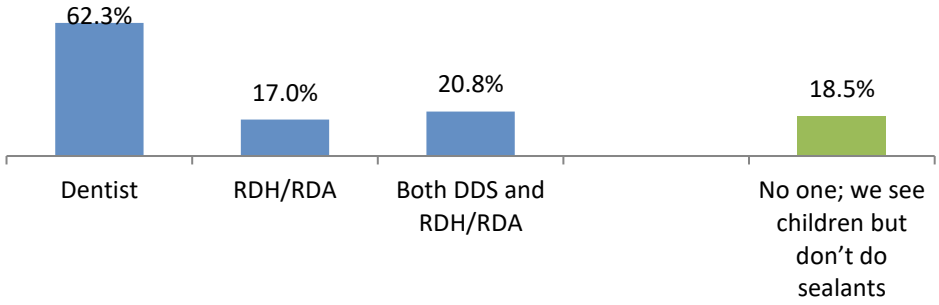
Just under one-quarter (22.8%) of the general and 100% of the pediatric dentist respondents reported following the recommended American Academy of Pediatrics and the American Academy of Pediatic Dentistry that children should be seen by a dentist by their 1st tooth or 1st birthday (Figure 21). Close to half (47.4%) don't accept children as patients until they are at least three years old, providing evidence of the importance of implementing a countywide "First Tooth/First Birthday" type campaign.

Figure 21. Age at which General and Pediatric Dentists First See Children (n=61)



Sealants, which act as a barrier to help protect teeth from bacteria and acids, were provided in 81.5% of the general and pediatric practices; 18.5% did not provide them. As indicated by the blue bars in Figure 22, when sealants are placed, in 62.3% of the practices only the dentist places them, only the dental hygienist in 17% of the practices, and both the dentist and dental hygienist in 20.8% of the cases.

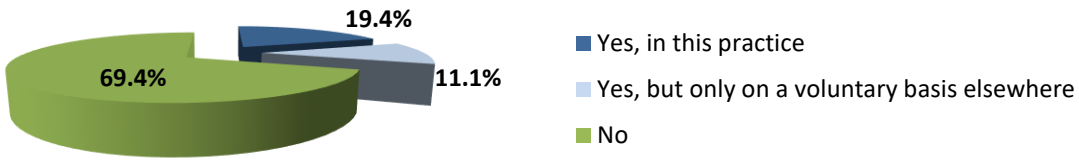
Figure 22. Placing of Dental Sealants for Children Ages 6-14 (n=53)



Experience with Denti-Cal

There is much evidence that an inadequate provider network for serving patients with Denti-Cal is one of the primary limiting factors for access to care. While dental safety net clinics play an essential role in providing care for the Denti-Cal population, Ventura County cannot fully meet the oral health needs of children and adults without adequate participation of the dental community. One out of five respondents (19.4%) reported accepting Denti-Cal in their private practice (Figure 23); another 11.1% see these patients in other settings. Two-thirds (69.4%) of the dentists, however, do not serve the Denti-Cal population.

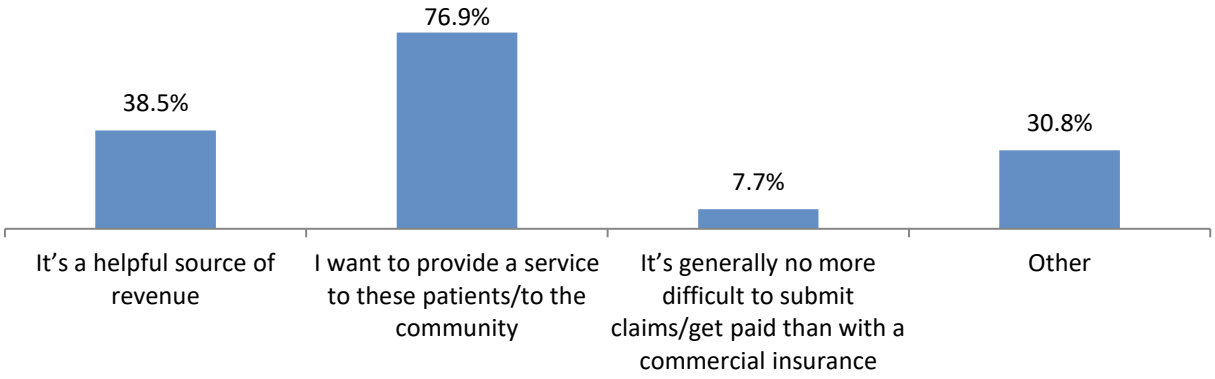
Figure 23. Percentage of Dentists who See Patients with Denti-Cal (n=72)



Nearly 77% of the dentists who take Denti-Cal said the main reason they decided to do so was "to provide a service to patients and the community;" most of the remainder responded that doing so was "a helpful source of revenue" (Figure 24). Four of the 13 dentists offered "Other" comments:

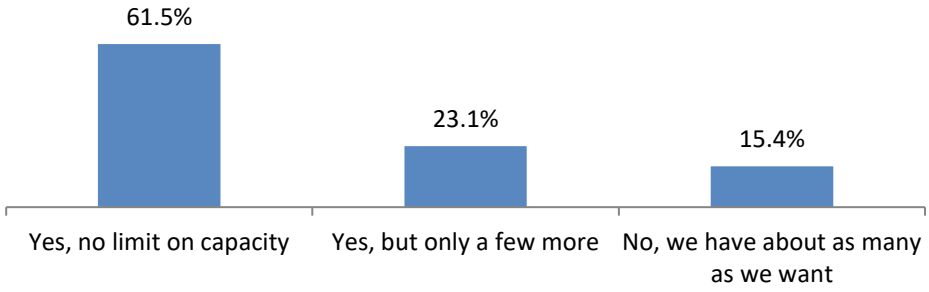
- "This patient base helped get my business off the ground. I feel an obligation to provide a "private practice" setting where they do not feel like cattle."
- It makes no difference if a patient has a PPO Plan or Denti-Cal. I was educated by my parents to make no difference between people."
- "To fill my schedule, otherwise it's not financially worth it."
- "All three reasons in the question equally account for why I'm enrolled in Denti-Cal."

Figure 24. Main Reasons for Taking Denti-Cal Patients in the Practice (n=13)



Nearly all (84.6%) of these same dentists reported having *some* amount of capacity to see more Denti-Cal patients in their practice (Figure 25).

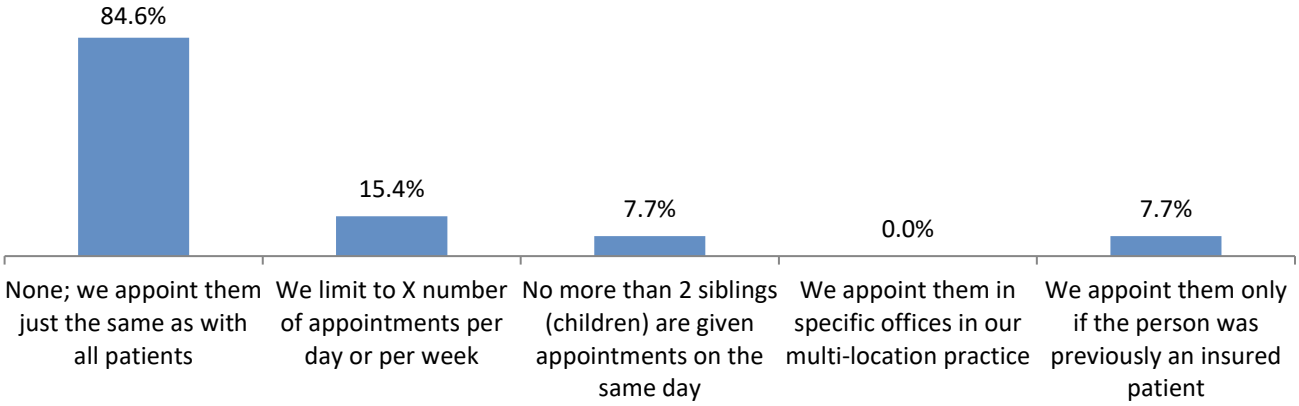
Figure 25. Capacity to See More Denti-Cal Patients in the Practice (n=13)



Eleven (84.6%) of the 13 Denti-Cal providers said they did not place any limitations on seeing Denti-Cal patients in their private practices; two additional dentists identified several types of restrictions they placed on Denti-Cal patients. Note that the response choice for zero in Figure 26—and

elsewhere in the report—is included to show it was offered as an applicable option respondents could have used but didn't when answering the question.

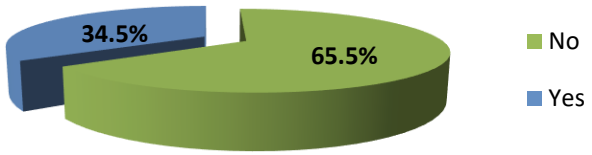
Figure 26. Limitations Dentists Place on Seeing Denti-Cal Patients (n=13)



Note: Respondents could mark more than one choice.

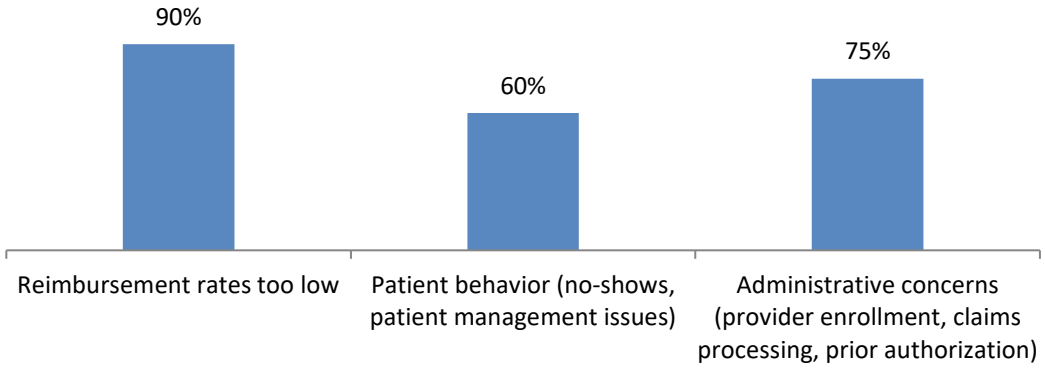
About one-third (34.5%) of the dentists who answered the question reported that while they no longer took Denti-Cal in their practice, they had done so in the past (Figure 27).

Figure 27. Did You Ever Used to Take Patients with Denti-Cal in this Practice? (n=58)



Numerous studies confirm that rates that are below the cost of providing care deter dentists from participating in Medicaid dental programs.[42,43] In this survey as well, low reimbursement rates accounted for the main reason (90%) these dentists had dropped Denti-Cal. Three-quarters (75%) had also left the program due to some of the administrative issues that adds to the cost of seeing Denti-Cal patients such as trying to get paid and challenges with prior authorizations, and 60% indicated that negative patient behaviors were an important reason (Figure 28).

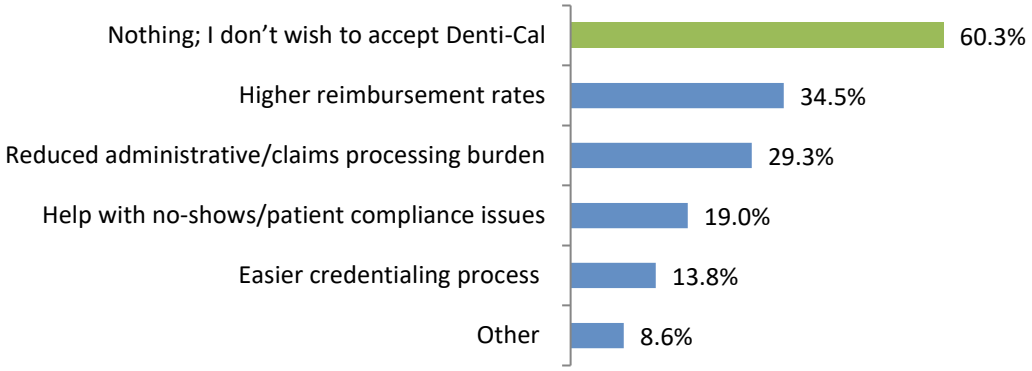
Figure 28. Reasons Why Dentists Stopped Taking Denti-Cal (n=21)



Note: Respondents could mark more than one choice.

While nothing would persuade 60.3% of the non-Denti-Cal dentists to participate in Denti-Cal, 39.7% indicated certain factors that might make a difference (Figure 29). The specific changes or improvements dentists said it would take to potentially interest them in participating again or ever in Denti-Cal essentially restated the factors that accounted for their never taking or having stopped taking Denti-Cal.

Figure 29. What Might Make a Difference in Dentists Seeing Denti-Cal Patients (n=50)

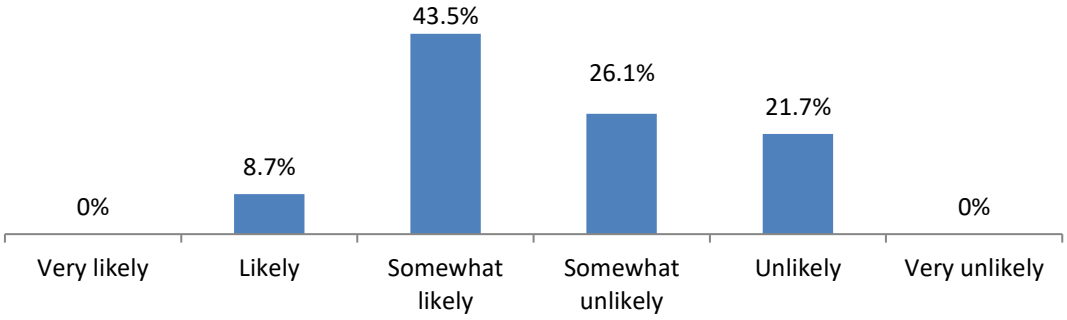


"Other" comments dentists volunteered about necessary changes to participate in Denti-Cal included the following:

- "My time and skills are worthless to Denti-Cal."
- "Would need to be at a PPO [rate] for adult patients."
- "The reimbursement doesn't even come close to covering costs."
- "The burden of working in that system makes it way too expensive to pay staff and to try to bill."
- "It's easier and less expensive to just do it for free."

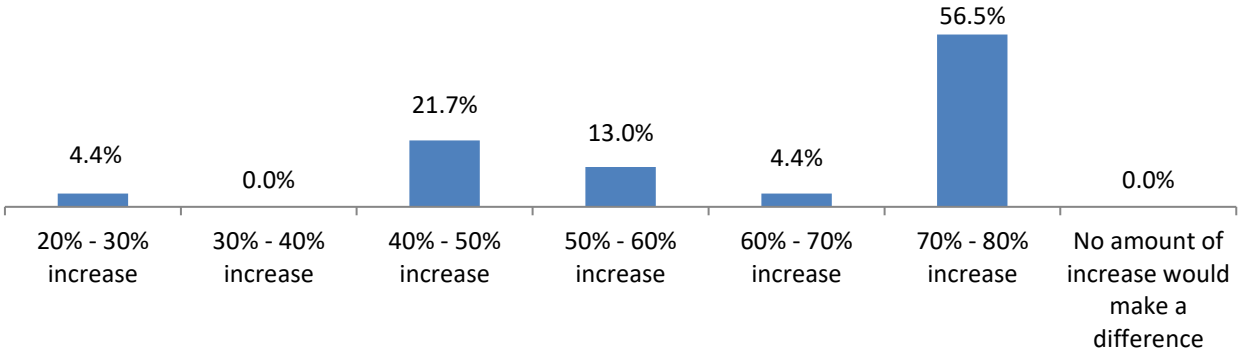
Asked how likely they would be to enroll as a Denti-Cal provider *if* the changes they described above were to occur, about half (52.2%) of the dentists indicated some level of likelihood while the remainder conveyed less likelihood (Figure 30).

Figure 30. Likelihood of Dentists Seeing Denti-Cal Patients if Improvements Occurred (n=23)



Because of the positive association between provider rates and utilization, dentists were asked *how much* of an increase in Denti-Cal reimbursement would make a difference to their practice to accept patients with Denti-Cal. Of the 23 responses, 73.9% indicated the rates needed to be increased by 50% or more. More than half (56.5%) said an increase of 70%-80% would be necessary for them to see patients with Denti-Cal (Figure 31).

Figure 31. Amount of Increase Necessary for Dentists to State Seeing Denti-Cal Patients (n=23)



Dentists' Recommendations for Improvement

Because the needs assessment findings will drive the development of an oral health improvement plan, dentists were asked, "What one thing would you change in Ventura County to improve access to dental care for children and adults?" About 20%, or 15 of the dentist respondents provided input as described in Table 5 below. Many of their suggestions apply equally to children and adults.

Table 5. Community Dentists' Recommendations

For Children	For Adults
▪ Increase Denti-Cal reimbursement. ▪ More parent education/awareness about importance of OH for their children. ▪ School based sealant/exams/x rays. Being able to see dentists during school hours is a good first step. ▪ Assistance with transportation. ▪ Make purchase of dental insurance for children mandatory. ▪ Fund more community clinics. ▪ Water fluoridation in more communities. ▪ More available Denti-Cal dentists, especially specialists for referrals. ▪ More dentists to volunteer time in community sites/events. ▪ More messaging through various media sources.	▪ Increase Denti-Cal reimbursement. ▪ Provide education for adults as well as children. ▪ Find ways to make oral health of more importance. ▪ More oral surgeons taking Denti-Cal, especially in Ventura. ▪ Broader adult services covered. ▪ More patient compliance (appointments, treatment regimens). ▪ Water fluoridation.

Note: Some comments were edited for length or clarity.

Several of the dentists when invited to add further comments that could add insight to the county needs assessment wrote in comments. For the most part, they expressed frustration about families not understanding the value of oral health ("a huge part of lack of access is personal choice and personal priorities") and inadequate Denti-Cal rates that kept some dentists from participating. They also offered recommendations that echoed the comments they'd made in Table 5 above.

The dentists were also asked if they would be willing to participate, even minimally, in a future effort to develop an oral health improvement/action plan for Ventura County. Ten (17%) of the 59 dentists who answered the question—five who take Denti-Cal, five who don't— indicated they would be willing to be called upon, and provided contact information.

Available Safety Net Dental Services

Access to oral health care for low-income and uninsured populations has improved in recent years but remains unequal for populations with disproportionate barriers. However, Federally Qualified Health Clinics (FQHCs) and other clinic providers play an important role in easing access to oral care for these underserved populations. In addition to the 76 private dentists who currently accept varying volumes of patients with Denti-Cal, community dental services provide safety net dental care for Ventura County's low-income population. While clearly these clinics are important

resources for low-income and uninsured adults, a fee is still required at some of them, such as Clinicas Del Camino Real, Inc., for patients not eligible for Denti-Cal—or for treatment Denti-Cal does not cover or fully cover. The fee amount, although based on a sliding fee scale, may still be too high for uninsured adults to seek or complete treatment until the dental condition has become an emergency. (Table 6 that begins on page 36 lists these resources in a chart format; Attachment 5 in the appendices shows the clinic locations on a map; Web Source: Health Matters in VC).

Clinicas del Camino Real, Inc.

Clinicas serves all of the local communities of Ventura County, including children and adults with Medi-Cal, private pay patients and patients with private insurance. Like other community health centers, it plays a key role in providing a comprehensive range of healthcare because of its geographical location, primary care capacities, culturally diverse staff and ability to serve those with special needs. Starting as a free clinic in Santa Paula, the organization now operates 13 health center locations with dental services provided at 10 of the sites. Additionally, it operates a mobile dental van providing services to children 0-5 without dental insurance. Clinicas reported 67,020 dental visits in 2016.

Westminster Free Clinic and Community Care Center (WFC)

WFC is a free clinic and community center (one-stop shop) located in Thousand Oaks. Because the clinic is only open on Wednesday evenings from 5-10 pm, it gets a large amount of patients (over 100 at this time). Patients are all low-income, uninsured, mostly Hispanic, and ages 16-80+. Various types of health and other classes such as health education, Zumba, yoga and mental health are also offered on Wednesdays. Except for a small core staff, all medical/dental and non-healthcare personnel volunteer their time.

Free Clinic of Simi Valley

Located in Simi Valley, the clinic is equipped with 5 dental chairs and provides diagnosis, treatment (including fluoride varnish for age 0-5) and education for a wide variety of dental problems utilizing volunteer dentists, assisted by dental hygienists and dental assistants. The organization reported 4,007 dental visits in 2016 and states that dental is a popular service; consequently, there is often a long waiting list to be seen.

Salvation Army Free Clinic

Currently (April 2018), two dentists are available as volunteers; thus, dental services are limited to Mondays from 8:30 – noon. This 2-chair practice provides a range of preventive and restorative services to adults and “manageable” children. No fees are requested but the organization can bill

the County of Ventura Health Care Agency's Community Health Center Dental program for adult patients who are referred through the Health Care for the Homeless clinic.

Conejo Free Clinic

In March 2018, the organization opened a 2-chair dental operatory, staffed with volunteer dentists twice a week, that offers services to patients without any private or public insurance coverage. A system of "vouchers" was also established to enable patients—particularly the elderly—who have special treatment needs to be seen by community dentists who volunteer their services to see these patients.

Ventura County Health Care Agency

The Agency's Ambulatory Care Division is a system of 43 primary care and specialty care medical clinics located throughout the county; 22 are primary care sites, with 18 designated as Federally Qualified Health Centers (FQHCs). Dental services are limited at primary care sites to fluoride varnish for children up to age 5. The Pediatric Diagnostic Center in Ventura offers children's dental services two days a week and the Health Care for the Homeless clinic offers treatment for homeless patients.

Western Dental

Western Dental is the biggest Denti-Cal provider in California; about 11% of its annual patient encounters involve Denti-Cal enrollees. Western has 2 locations in Ventura County that serve children and adults Monday – Saturday. They offer general dentistry (these dentists cover most specialties) and orthodontics. Discounted rates and a financing plan are offered for treatment and other services not covered by Denti-Cal. Walk-ins are accepted, and capacity to accommodate patients varies at the clinics, but waiting times for appointments must meet Knox-Keene licensing requirements (e.g., 21-day maximum for regular appointments) and Quality Assurance Management tracks access monthly.

Table 6. Current Ventura County Safety Net Dental Services by Category of Provider (2016 unless otherwise noted)

Organization/ Provider	Address	Days/Hours	Dental Services Profile			
			Services	Capacity for More D-C Pts?	# of FTE Dentists	# Dental Encounters
Community and Other Dental Clinics						
Clinicas Del Camino Real, Inc.	Fillmore 355 Central Ave. Fillmore , CA 93007	Mondays & Thursdays: 8:30 am to 8:00 pm Tuesday/Wednesday /Friday: 8:30 am to 5:30 pm, Saturday: 8:30 am to 2:00 pm.	Exams, cleanings, x-rays, education, treatment, fluoride for age 0-5, cosmetic dentistry, dentures, inlays/onlays, implants	Yes	3	6,774
	Simi Valley-Madera 1424 Madera Rd. Simi Valley, CA 93065			Yes	3	6,063
	North Oxnard - Dental Health Center 1300 N. Ventura Rd. #2 Oxnard, CA 93030			Yes	3	8,251
	Oxnard 650 Meta St. Oxnard CA 93030			Yes	3	8.474
	Newbury Park 1000 Newbury Rd. Suite 150 Newbury Park, CA 91320			Yes	3	6,646
	El Rio 221 Ventura Blvd. Suite 126 Oxnard, CA 93036			Yes	3	5,620
	Ventura 200 South Wells Rd. Ventura, CA 93004			Yes	4	8,067
	Ocean View 4400 Olds Rd. Oxnard, CA 93033			Yes	3	6,734
	Moorpark 4279 Tierra Rejada Rd. Moorpark, CA 93021			Yes	3	7,065
	East Simi Valley 4370 Eve Rd. Simi Valley, CA 93063			Yes	1	2,703
Westminster Free Clinic & Community Care Center (Dental Site Only)	32111 Watergate Rd. Westlake Village, CA 91361	Wednesday evening 6:00 am -9:00 pm	Dental Exams, cleanings, x-rays, education. Referrals for treatment to dental partners as needed.	Some	100% Dentist Volunteers	607 dental visits, includes screenings at main clinic site (2017)
(Main Clinic - Medical And Community Center)	1000 E. Janss Rd. Thousand Oaks, CA 91360	Wednesday evening 5:00-10:00 pm	Dental Screenings only	Some	100% Volunteers	Over 8,000 services provided a year.

Table continues on next page

Organization/ Provider	Address	Days/Hours	Dental Services Profile			
			Services	Capacity for More D-C Pts?	# of FTE Dentists	# Dental Encounters
Community and Other Dental Clinics						
Free Clinic of Simi Valley	2060 Tapo St. Simi Valley, CA 93063	Monday-Thursday, 5:00 pm-8:00 pm	Exams, cleanings, x-rays, education, treatment, fluoride varnish for age 0-5	Some	Volunteers	4,007
Salvation Army Free Clinic	622 W. Wooley Rd. Oxnard, CA - 93033	Mondays, 8:30 am - noon	Exams, cleanings, x-rays, education, simple fillings and extractions, sealants and fluoride varnish	Some	2 Volunteer DDSs	
Conejo Free Clinic	80 E. Hillcrest Dr. Thousand Oaks, CA 91360	Tuesdays and Thursdays at this time (tailored to provider availability)	Education, cleanings, simple fillings and extractions, and "vouchers" for specialist care	Yes (Appts only; triaged over the phone)	Volunteer DDSs	Approx. 40 pts. (through 3/26/18)
Ventura County Health Care Agency/ Pediatric Diagnostic Center	300 Hillmont Ave. Bldg 340 Suite 302 Ventura, CA 93003	2 days/week 8:00 am – 4:00 pm	Children's exams, x-rays, simple fillings and extractions, fluoride varnish and sealants	Some	One 0.4 FTE DDS, supported by 2 RDAs	573 in FY 17/18 (through 1/31/18)
Oxnard College Dental Clinic	4000 S. Rose Ave. Oxnard, CA 93033	Monday – Thursday 10:00 am – 4:00 pm	Cleaning, x-rays, exams, sealants and fluoride varnish for children; referred out for treatment. Low-cost flat fee.	Yes (2 week wait for appt is typical)	RDH students	
Western Dental Offices						
Western Dental Services	1397 E. Los Angeles Ave. Simi Valley, CA 93065	M-F 9:00 am-7:00 pm Sat 8:0 am-4:30pm	General dentistry, Endodontist, Orthodontist	Yes		
Western Dental Services	2750 E. Main St. Ventura, CA 93003		General dentistry, Orthodontist			

Table continues on next page

Organization Type/Provider Location					
Private Dentists					
Location	Type of Dentist				
	General Dentists	Oral Surgeon	Endodontists	Orthodontists	Pedodontists
Camarillo	2				
Fillmore	2				
Moorpark	5				
Newbury Park	2				
Ojai	1				
Oxnard	27	1		2	2
Port Hueneme	5				
Santa Paula	4				
Simi Valley	5	1	1	4	
Thousand Oaks	4			1	
Ventura	6			1	
Total	63	2	1	8	2

Sources of information: organization websites; interviews with organization representatives; Medi-Cal Dental Services Program, accessed on 3/30/18 at https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Provider_Referral_List/ ; and Office of Statewide Health Planning and Development, 2016 Primary Care Clinic Annual Utilization Data, accessed on 4/9/18 at https://www.oshpd.ca.gov/HID/PCC-Utilization.html
Noe: Denti-Cal Capacity criteria: Yes=no limitation; Some=some limitation; No=not currently able to accept new patients.

Not all of the enrolled Denti-Cal providers shown in Table 6 above are accepting new Denti-Cal patients. According to Delta Dental, the company that administers Denti-Cal for California, the average proportion of dentists open to taking new patients between December 2017 and April 2018 was 77%, or 61.2 of the 76 listed dentists.[44]

Other Community Resources Working to Address the Needs

Other local organizations play important roles in supporting oral health efforts in Ventura County. In addition to offering periodic mobile dental van services, this includes nurturing collaborative relationships, conducting awareness campaigns, making and facilitating referrals, providing community oral health education and offering advocacy and financial support. For the most part, however, these community resources have been working to address children's needs and fewer have been directed to address adults' needs.

Big Smiles Dental

Because parents often find taking their children to the dentist to be a challenge due a variety of issues including transportation and having to take time off from work, four school districts listed below in Ventura County contract with the Big Smiles Dental program, an in-school (not mobile van) dental program.

- Hueneme Elementary School District (2)
- Oxnard Elementary School District (16)
- Santa Paula Elementary School District (3)
- Ventura Unified School District (1)

The program sets up portable/mobile dental equipment on the campus in each of these districts' 22 schools twice a year, and reaches preschool through high school-age students with a team of dentist, dental hygienist and dental assistant. Besides exams, x-rays, sealants and fluoride varnish, the dental staff provides fillings (porcelain), pulpotomies, and simple extractions. A list of referrals to local providers is given to the school and parents to follow up for more difficult cases.

Santa Barbara/Ventura County Dental Foundation

The Foundation also offers mobile dental van services and does so currently for uninsured children age 0-5 through a network of volunteer dental providers who also make classroom presentations. Direct services include dental screenings, fluoride varnish, and simple fillings. However, the program will not be offered after July 2019.

Colgate Bright Smiles, Bright Futures®

Established in 1991, Colgate Bright Smiles, Bright Futures offers mobile dental van services that travel to under-served rural and urban communities such as Ventura County. The program serves children ages 1-12 and consists of oral health education, visual dental screenings and referrals to treatment when needed. In a typical year, the mobile van visits Ventura County 7-10 times. Arrangements to visit are by request such as when an organization is hosting a large health fair, and sometimes with repeat appearances such as annually for the Mexican Consulate. About half of the engagements are held in Walmart parking lots (the Colgate program has a national contract with the company to be able to do so). Direct referrals to treatment are made to local dental offices with whom the program partners. Close to three-quarters of the children screened in Ventura County last year required a referral; one-third were for an urgent care need.[45]

Re-think Your Drink

The Re-think Your Drink Campaign administered by Ventura County Public Health encourages Ventura County children and their families to replace soda and other sugary drinks like juice with healthy alternatives such as water. The messaging and materials primarily focus on habits to improve health (such as reducing obesity) as well as save money. Improving oral health status would be an expected positive outcome, though the campaign does not specifically address dental health. The program trains providers, including non-profits, makes presentations in the schools and participates in social media events.

Building Healthy Smiles Initiative of United Way of Ventura County

After assessing a range of community health needs in Ventura County in 2010, UWVC identified children's oral health as a priority health issue. As a result, UWVC and its partners established the Building Healthy Smiles Initiative to provide education, school-based screenings, and advocacy. The goal of the Initiative is to eliminate untreated tooth decay for children in Ventura County by involving parents, collaborating, raising awareness, facilitating communication, serving as a clearinghouse, encouraging best and promising practices, developing resources, sharing data and advocating for policy changes. The elementary schools chosen for dental screenings are those in impoverished neighborhoods (e.g., >50% free or reduced-price meal). Because these tend to be located near Clinicas del Camino Real, Inc. dental clinic sites, referrals for treatment are made through a partnership with Clinicas that allows their health education staff to follow up with families to see that appointments for treatment or regular oral health are kept. Screening results from last spring at Mar Vista Elementary in the Ocean View School District, that help document the need for oral health improvements, are cited in several places in this report.

First 5 Ventura County

First 5 Ventura County (F5VC) has made a significant investment in children's oral health over the past decade, both in direct services and in systems building capacity. Major programs currently in place include support for Clinicas del Camino Real, Inc., and the Santa Barbara/Ventura County Dental Care Foundation mobile dental services for children 0 – 5 without dental insurance described above, oral health education for parents and children, provider training, and a fluoride varnish program through Public Health's Child Health and Disability Prevention (CHDP) program.

F5VC's primary revenue source is California's Proposition 10 tobacco tax. With Californians smoking less, F5VC's revenue continues to decrease annually. The current strategic plan addresses the challenge of declining revenues by streamlining investments in direct services, focusing on prevention, and on building the overall capacity of the early childhood system. Beginning in July 2019, F5VC will no longer fund direct services in oral health. Instead, oral health education will be incorporated in place-based initiatives, especially Parent and Child Together classes.

Ventura County Medical Resource Foundation/Children's Resource Program (CRP)

The Foundation's current programs include *CRP*, the program links Ventura County children at the highest risk for health care issues (low-income, uninsured and underserved) with dental care. Eligible participants are adults over age 62 and children under age 18 not covered by Medi-Cal or other dental benefits program. The services are donated by a bank of oral health specialists because these children are at the highest risk for health care issues. Services include oral health education, exams, x-rays, and restorative treatment. Children in the program are identified by

schools and various social service agencies, not by parents or guardians.[46] Screening results for last year are cited elsewhere in this report.

Mixteco/Indígena Community Organizing Project

The Mixteco/Indigena Community Organizing Project (MICOP) unites indigenous leaders and allies to strengthen the Mixtec and indigenous immigrant community in Ventura County. The majority of the MICOP staff builds community leadership and self-sufficiency through education and training programs, language interpretation, health extension, humanitarian support and cultural promotion. Health access community health workers or 'promotoras' inform community members (over 4,000 in 2017) about local health resources for the uninsured and case managers assist community members to navigate the health care system. Nurses from Public Health also make presentations about oral health and help with referrals to dental services.

Gold Coast Health Plan

Gold Coast Health Plan (GCHP) promotes oral health through health education activities including health fairs, health education materials and provider education. For example, through its partnership with CHSP it distributed 1,481 brochures on tooth decay among children and 1,210 brochures regarding fluoride varnish to members and non-members. GCHP also contracts with providers to administer fluoride varnish treatment to children younger than six years of age. While application of fluoride varnish by providers is noted to be a challenge in meeting its oral health goals, GCHP providers reported submitting 22,853 claims for fluoride varnish during 2014-17.

Ventura County Public Health

Working to improve the oral health of those in the county, Ventura County Public Health Department delivers education and preventative activities through programs such as Women Infants and Children (WIC), Comprehensive Perinatal Services Program (CPSP), Child Health and Disability Prevention program (CHDP), Maternal Child Adolescent Programs (MCAH) and Community Health Field Nursing Programs (CHN). The specific activities provided by staff from the different programs include "Healthy Smiles" group sessions and resources that focus on good oral health habits for infants and children (WIC); address dental care and dental referrals during prenatal care and postpartum reassessments (CPSP); conduct dental care coordination for eligible children and youth, community outreach and training for CHDP medical providers and staff on fluoride varnish application in the medical setting (CHDP); and provide home visitation to families and individuals to assess for health care needs including oral health, oral health education, and dental referrals across the life span (MCAH/CHN).

Ventura County Military Collaborative

The Collaborative is a group of about 200 mostly military-related agencies that work together to promote supportive services for the approximately 41,000 veterans and 12,000 active duty service members who live in Ventura County. The Veteran's Administration is the only health-related entity in the group. Regard for good oral health is high among the military. One cannot enlist without a dental exam and completion of any needed dental work, followed by required dental visits every 6 months. Active duty personnel receive general dental care through one of the county's two military bases; referrals for specialty care are made to Camp Pendleton in San Diego. Tobacco use (cigarettes, chew) is allowed, although it is discouraged and personnel are encouraged to access the many smoking cession classes offered. While the military is known to "take care of its own," this does not extend to dependents and veterans. Dependents are covered by the federal dental benefits plan, Tri-Care insurance by United Concordia, and must find providers willing to accept that coverage. Veterans are only eligible for dental benefits through the VA, and that is *if* the condition is service-related; many vets are unaware of this and those who try to navigate the system are reported to find it extremely difficult to obtain care. Otherwise, veterans—and their families—have no dental coverage; about 25% of veteran families are estimated to be low-income.[47]

Emergency Department Use for Preventable Dental Conditions

Visiting an emergency department (ED) for non-traumatic dental problems is likely a reflection of poor prevention and suggests inadequate access to readily available community dental services. The use of EDs for preventable dental conditions is a growing problem, particularly among low-income populations.[48,49] Children enrolled in Medi-Cal, for example, have a consistently higher rate of visiting an ED one or more times in the past year than children covered by employer-sponsored insurance.[50]

In 2016-17, there were 2,075 ED visits in Ventura County due to a primary oral condition diagnosis (shown as "All Oral" in Table 7). Of these visits, 1,191 (57.4%) were made for a dental condition that was defined as *preventable*—evidence of the need for a regular source of dental care among these ED users. Adults age 21-64 had the highest proportion of ED use for a preventable oral condition at 66.8%.

Table 7. Ventura County ED Visits by Age Group, 2016-17

	Age 0-5	Age 6-20	Age 21-64	Age 65+	All Ages Total
All Reasons	26,270	39,398	129,750	36,922	232,341
All Oral-related	282	271	1,370	152	2,075
Oral-related considered preventable	65	132	914	80	1,191
Preventable Oral as % of all Oral	23.0%	48.7%	66.8%	52.6%	57.4%

Source: Office of Statewide Health Planning and Development.

The impact to each Ventura County hospital for avoidable dental ED visits by children and adults can be seen in Table 8 below.

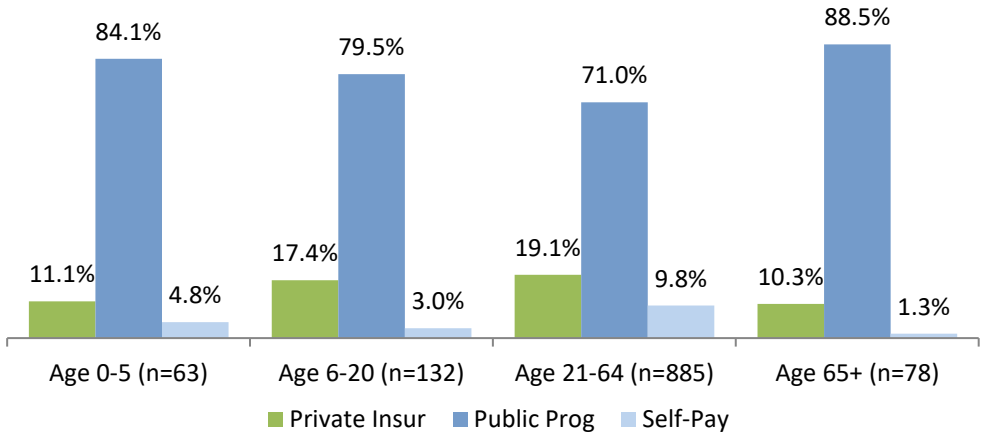
Table 8. Number of ED Visits Made by Children and Adults to a Ventura County ED for an Avoidable Dental Condition, 2016-17

Facility	Children 0-20	Adults 21+	Total
Ventura County Medical Center[1]	51	242	293
St. John's Regional Medical Center	48	192	240
Community Memorial Hospital-San Buenaventura	32	185	217
Adventist Health Simi Valley	26	137	163
Los Robles Hospital & Medical Center	17	96	113
St. John's Pleasant Valley Hospital	18	75	93
Ojai Valley Community Hospital	5	67	72
Total	197	994	1,191

By county of facility.
[1]Note: Santa Paula Hospital reports its data under Ventura County Medical Center.
Source: Office of Statewide Health Planning and Development.

Use of the ED for avoidable dental conditions is expensive, especially when compared to the price of prevention. Public programs—nearly entirely represented by Medi-Cal for individuals under age 65—picked up the tab for the clear majority of Ventura County residents' preventable ED dental visits in 2016-17. Overall, while 73.9% of those visits were paid by Medi-Cal, seniors (88.5%) and the 0-5 population (84.1%) had the highest percentage of visits paid by Medi-Cal (Figure 32). The disproportionately high percentage of ED visits covered by Medi-Cal supports the need for expanded access for dental services and increased education and prevention services for more of Ventura County's low-income population.

Figure 32. Payer Source for ED Visits Made by Ventura County Residents for an Avoidable Dental Condition, 2016-17



By county of residence.
Source: Office of Statewide Health Planning and Development.

Access to Hospital and Surgery Center-Based Dental Procedures

Not all treatment of early childhood caries can be accomplished without sedation. The American Academy of Pediatric Dentistry (AAPD) recognizes that non-pharmacological behavior guidance techniques are not viable for some pediatric dental patients.[51] The management of the behavior of mentally challenged adults, or adults with other conditions that render dental office-based care implausible, requires care provided under general anesthesia (GA) as well.[52]

Access to dental sedation services for patients with Denti-Cal can be impeded by the need for pre-authorization from the patient's medical managed care plan. This is because the *medical* plan pays for the facility and anesthesia fee when a medical anesthesiologist provides anesthesia for dental procedures, while Medi-Cal *dental* (i.e., Denti-Cal) pays the dentist's professional fee for the dental procedure.

Although denials related to GA dental requests by Medi-Cal managed care plans have been a problem in other areas of the state, this has not been an issue for Ventura County Medi-Cal beneficiaries covered by Gold Coast Health Plan (GCHP). According to GCHP, in 2017, of 224 GA authorization requests (24 for adults, 200 for children), 205 or 91.5% were approved. The majority of the denials were due to services that were already a covered benefit under the California Children's Services (CCS) program, and failure of the provider to obtain prior authorization. GCHP reports its staff has been working with dental providers to make sure they understand the requirements and information needed to process GA authorization requests.[53]

However, access to GA dentistry in Ventura County is a challenge due to limited hospital OR time because of low Medi-Cal reimbursement. Facility fees for dentists at Ventura County Medical Center (VCMC) have been greatly reduced by GCHP making it difficult for dentist to get sufficient OR time to perform much needed procedures. There is an effort underway to advocate for increased facility fees from GCHP for oral sedation procedures at VCMC.

DENTAL UTILIZATION

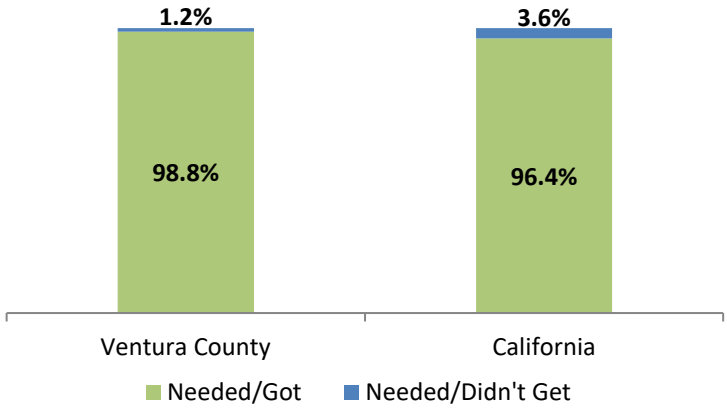
"I'm afraid my child won't wake up [with general anesthesia] so she still has those cavities." - Focus Group Participant

Population-Based Utilization

CHILDREN

The 2016 California Health Interview Survey (CHIS) asked parents of children age 3-11, "During the past 12 months, was there any time when your child needed dental care, including checkups, but didn't get it?" (Figure 33). While so few parents (1.2%) indicating this was a problem is certainly a favorable finding, and no doubt reflects utilization improvements made in recent years, the finding could be overly positive if parents found the question difficult and didn't understand that *a check-up only* (and no treatment) was part of "dental *care*."

Figure 33. Proportion of All Ventura Children Age 3-11 Needing but not Getting Dental Care in the Last Year

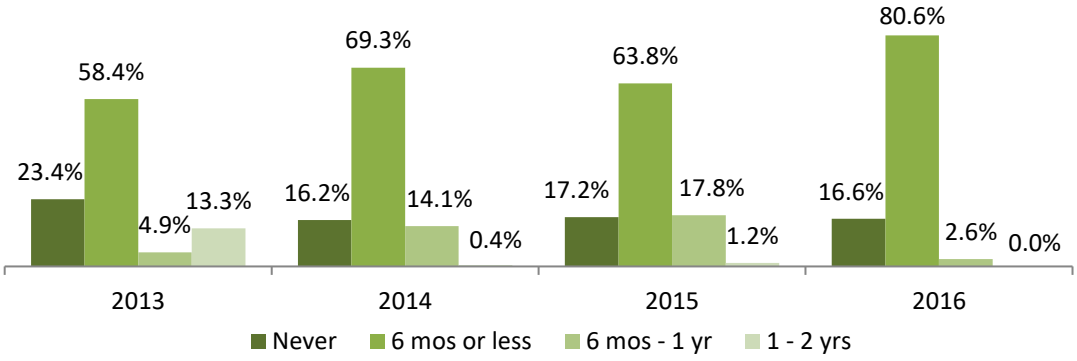


Source: 2016 California Health Interview Survey
Note: Ventura County data are statistically unstable due to small sample size

Annual Dental Visit

Overall, the general proportion of children in Ventura County visiting the dentist appears to be improving. According to the CHIS, 80.6% of respondents reported taking their child age 1-11[54] to a dentist within the past 6 months (Figure 34). The proportion of children who had *never* visited the dentist dropped from 23.4% in 2013 to 16.6% in 2016--a 29% improvement.

Figure 34. Time Since Last Dental Visit, General Population of Ventura County Children Ages 1-11



Source: California Health Information Survey

The dental visit data from the California Health Kids Survey Ventura County school Custom module provide further evidence of the need for oral health services, particularly among the higher-risk population of children living in impermanent housing. Students in Ventura County middle and high school were asked, When did you last visit a dentist to get your teeth checked, cleaned, or have work done on them? On average, 17% of the students living in temporary housing had never been to the dentist compared to 3% of all student respondents (Table 9).

Table 9. Time Since Last Dental Visit, Ventura County Middle and High School Students, All and Students not Living in a Home, 2015-16

	7th		9th		11th		Alternative		Total	
	All	Temp Hm[1]	All	Temp Hm	All	Temp Hm	All	Temp Hm	All	Temp Hm
Never	2%	11%	3%	17%	3%	26%	9%	13%	3%	17%
Within last year	68%	43%	77%	45%	78%	39%	60%	44%	74%	43%
More than 1 year ago	4%	9%	5%	12%	7%	11%	10%	25%	6%	12%
More than 2 years ago	2%	9%	3%	10%	4%	4%	6%	6%	3%	7%
Don't know/remember	23%	28%	12%	17%	8%	20%	15%	13%	15%	21%

[1] Temp Hm = Temporary Home ; students who reported living in a hotel or motel, or shelter, car, campground, or other transitional or temporary housing.
Source: California Healthy Kids Survey Students shown as "No Home"

Sealants

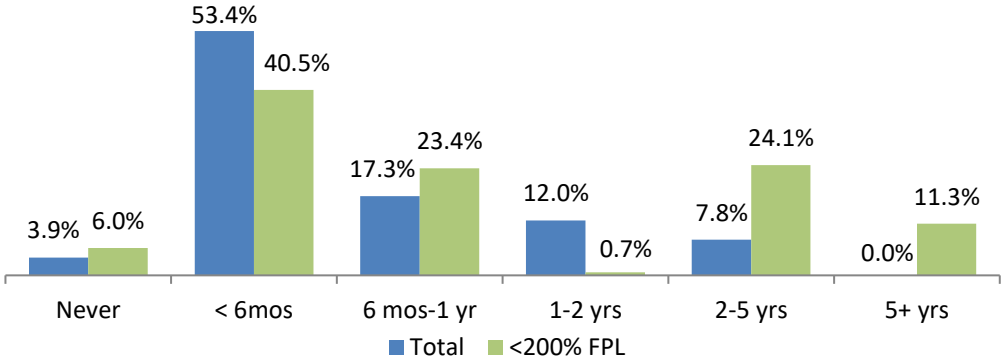
Dental sealants—a thin, plastic coating painted on the chewing surfaces of the back teeth—act as a barrier to help protect teeth from bacteria and acids and are recommended for all children. Federally Qualified Health Centers (FQHCs), which serve both public and privately insured children, are required to report sealants among 6-9 year-olds. In Ventura County, Clinicas del Camino Real, Inc. reported 37.6% of children age 6-9 years at moderate to high risk for caries received a dental sealant on a permanent first molar tooth in 2016.[55] The County of Ventura Community Health Center reported providing 25 children age 6-9 with sealants in 2017.[56] Though the data are 10 years old (but are the most recently available), statewide surveillance data from the CDC 2004-05 State

Oral Health Survey, which can also provide a potential baseline for future surveillance in Ventura County, reported the percentage of California third grade students with dental sealants on at least one permanent molar tooth as 27.6%.[57]

ADULTS

About 70% of all Ventura County adults responding to the CHIS reported making an annual dental visit in 2016, generally mirroring populations with access to commercial insurance. Adults living under 200% of the federal poverty level, however, reported 64% annual use (Figure 35). The proportion of low-income adults reporting "never had a dental visit" was one-and-a-half times higher than the total sample of adults.

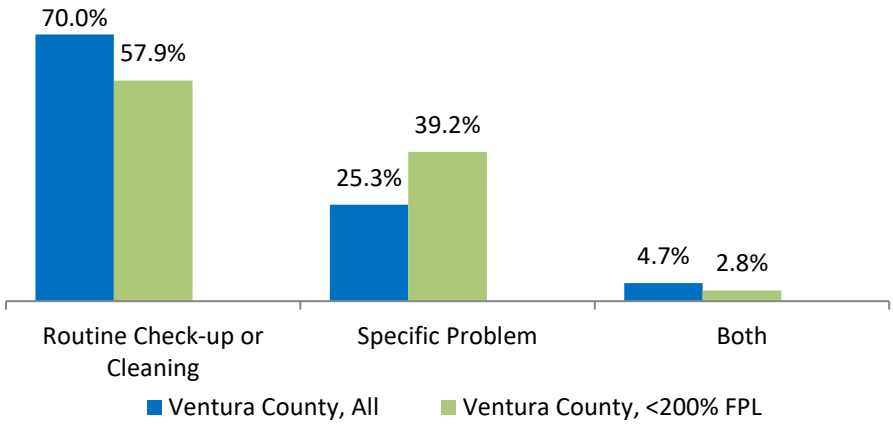
Figure 35. Time Since Last Dental Visit, Ventura County Adults and Adults Living Under 200% Federal Poverty Level



Source: 2016 California Health Interview Survey

As Figure 36 makes clear, in 2016 lower-income adults in Ventura County visited the dentist for a specific dental problem more often than the general population of adults did, 39.2% vs. 25.3%--a 35.5% difference.

Figure 36. Reason for Adults' Last Dental Visit, Ventura County Adults and Adults Living Under 200% Federal Poverty Level



Source: 2016 California Health Interview Survey
Note: Data statistically unstable due to small sample size

PREGNANT WOMEN

Good oral health and control of oral disease protects a woman's health and quality of life before and during pregnancy, and has the potential to reduce the transmission of pathogenic bacteria from mothers to their children. During pregnancy, teeth and gums need special attention. Yet many women do not seek—and are not advised to seek—dental care by either their prenatal provider or dentist as part of their prenatal care. In 2015-16, 42.9% of Ventura County women with a live birth, similar to statewide at 43.0%, reported a dental visit during their pregnancy.[58]
As Table 10 shows, women of color, women living under 100% Federal Poverty level, and women on Medi-Cal were the least likely to receive dental services during pregnancy.

Table 10. Receipt of Dental Visit during Pregnancy among Ventura County Women with a Recent Live Birth, 2015-16

DDS Visit	Race/Ethnicity				Family Income			Health Insurance	
	Asian/PI	Black	Latina	White	0-100% FPL	101-200% FPL	> 200% FPL	Medi-Cal	Private
42.9%	37.4%*	22.6%*	40.7%	49.3%	37.3%	34.3%	52.0%	35.2%	51.8%

Source: CDPH, Maternal and Infant Health Assessment (MIHA) Survey.
* Estimate should be interpreted with caution due to low statistical reliability.

It is important to note that while undocumented immigrants are not eligible for full scope Medi-Cal, and therefore are ineligible for Denti-Cal, when a woman is pregnant and undocumented, she is eligible for these benefits for the remainder of her pregnancy. From anecdotal evidence, many of Ventura County's immigrant community members who are pregnant are either unaware of their temporary Denti-Cal or told by their primary care provider it is not safe to seek dental care while pregnant.

Denti-Cal Utilization

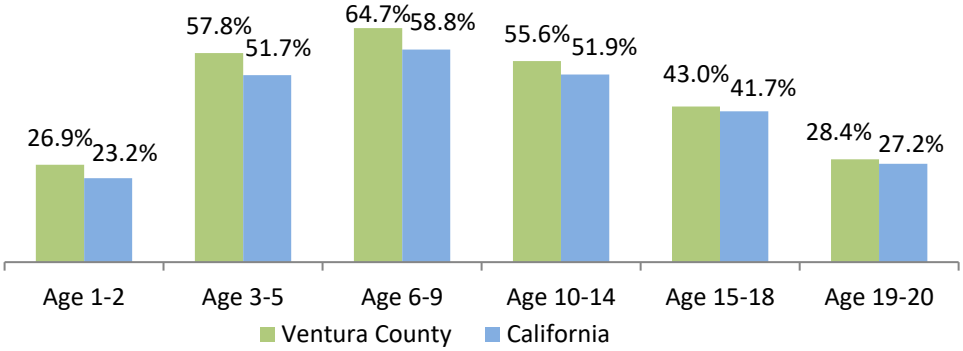
The Medi-Cal Program administered by the Department of Health Care Services (DHCS) offers dental services as one of the program's benefits. A full scope of Denti-Cal services is available to children under age 21.[59] Beginning January 1, 2018, adult dental benefits were restored to the same level of coverage that was available prior to the reduction in 2009, including limitations on some treatment and restorative services. In 2015-16, 115,123 children and 124,032 adults in Ventura County were eligible for Denti-Cal services. Being *eligible* to receive care is not the same as having *access* to care, however, when there are barriers to services such as those described above.

CHILDREN

Annual Dental Visit

Annual dental visit (ADV) is the appropriate indicator for reporting utilization. (The DHCS performance measure is the percentage of beneficiaries who had at least one dental visit during the measurement period.) As Figure 37 shows, between 26.9% (age 1-2) and 64.7% (age 6-9) of Ventura County children utilized their Medi-Cal dental benefits in 2016. Though only marginal in some cases, the county's dental use rates exceeded the statewide average for each age group shown, with the largest difference in ages 3-5 and 6-9. The last period for which the State summarized the child age group as 0-20 years, FY 2015-16, showed annual dental visit at 48.9%.[60]

Figure 37. Annual Dental Visit, Ventura County and California Children, 2016

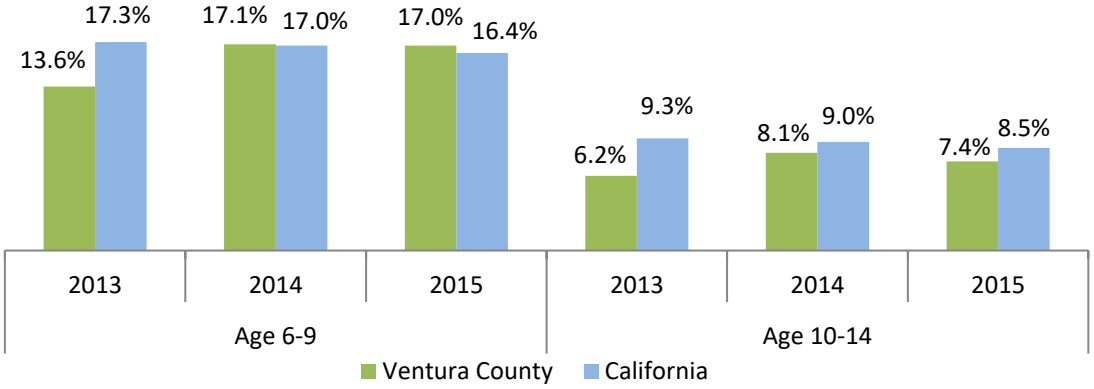


Source: Department of Health Care Services Medi-Cal Dental Services Division.

Use of Sealants

Ventura County children with Denti-Cal in age groups 6-9 and 10-14 consistently received fewer sealants than children statewide in 2013, 2014, and 2015, putting them at greater risk for tooth decay (Figure 38).

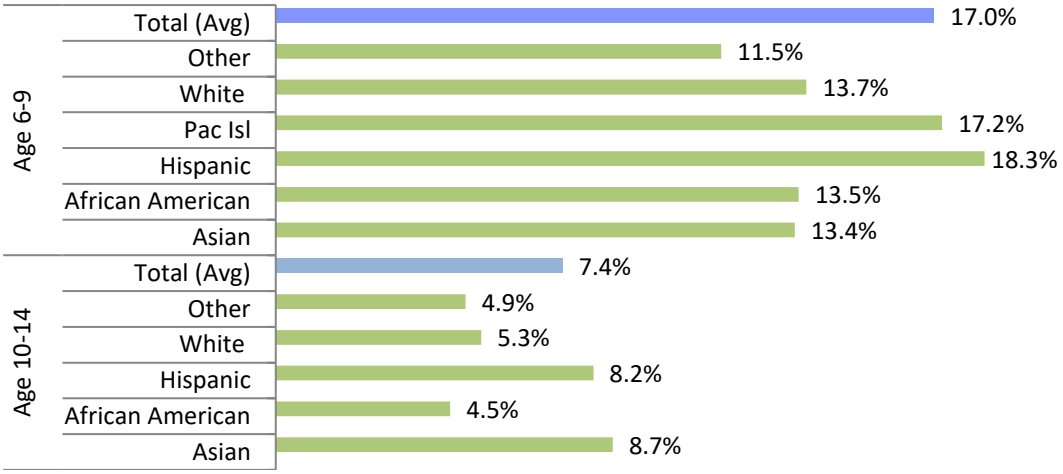
Figure 38. Children with Denti-Cal Who Received Sealants, 2013-2015



Source: Department of Health Care Services Medi-Cal Dental Services Division.

Children who are of Hispanic and Pacific Island descent have higher rates of dental sealant use than children do on average, particularly for 6-9 year-olds (Figure 39). Children age 6-9 identified by Medi-Cal as "other" have the lowest rates for that age group; among 10-14 year-olds, African American children receive the lowest proportion of dental sealants.

Figure 39. Children Receiving Dental Sealants by Ethnicity, 2015

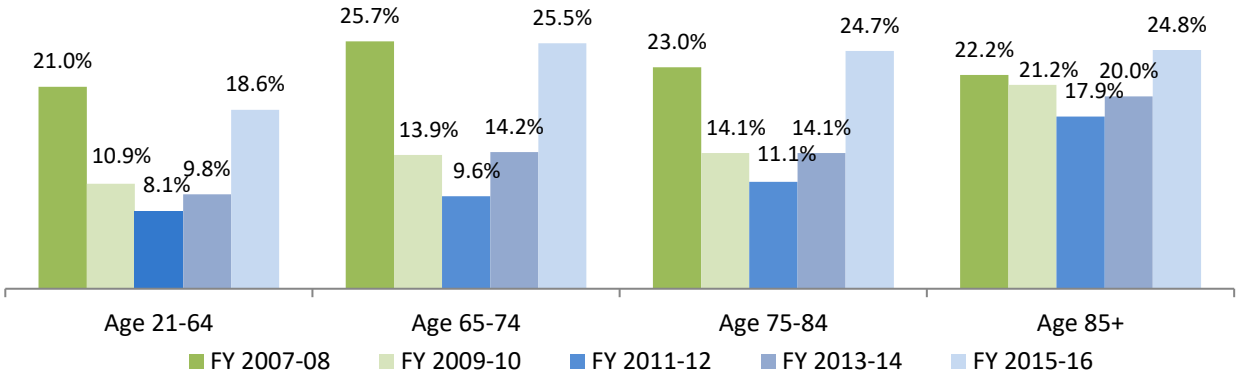


Source: Department of Health Care Services Medi-Cal Dental Services Division.

ADULTS

The effect of eliminating Medi-Cal adult optional dental benefits in 2009, with partial restoration in May 2014, is evident by the trends shown in Figure 40 below.[61] No more than about 25% of adults ever utilized their dental benefits between 2007 and 2016. (Nationally, in 2013, only about one in five adults with income below 200% FPL had a dental visit in the past year.)[62] Adults forgo dental care for a number of reasons, but cost is the main one as will be evident from the community input gathered for this report; paying for services that Denti-Cal does not cover is difficult, if not impossible, on strained budgets.

Figure 40. Medi-Cal Annual Dental Visits for Fee-for-Service and Dental Managed Care, Ventura County Adults



Source: Department of Health Care Services Medi-Cal Dental Services Division.

Denti-Cal Utilization by Zip Code and Provider Type

In order to do adequate planning to implement improvement strategies, whether in delivering oral health messaging or oral health services, it is useful to examine the most basic level of Denti-Cal community data. Zip code-level utilization tells us where the gaps are by age groups and community locations and allows oral health programs to more specifically target their efforts in high-need neighborhoods. The data can also be used to link under-utilization with access issues such as provider capacity. The utilization of children age 0-20 in the 23 Ventura County zip codes with adequate data for reporting ranged from 22.4% in zip code 91377 to 53.9% in zip code 93030, for an average dental utilization of 42.6%. For adults age 21+ utilization ranged from 13.6%, also in zip code 91377 to 21.2% in zip code 93004, average 17.8% (Figure 41). Attachment 7 contains the complete list of beneficiary enrollment and utilization data by zip code.

Figure 41. Range of Denti-Cal/GMC Utilization in Ventura County Zip Codes, FY 2016-17

Children Age 0-20		Adults Age 21+	
22.4%, zip code 91377 (Thousand Oaks, Oak Park)	→ 53.9%, zip code 93030 (Oxnard)	13.6%, zip code 91377 (Thousand Oaks, Oak Park)	→ 21.2%, zip code 93004 (Ventura, Saticoy)

Source: Department of Health Care Services, Medi-Cal Dental Division, July 24, 2018.

Dental Visit by Provider Type

The Denti-Cal utilization data in Table 11 show the number of children and adults in Ventura County who were eligible for and received dental benefits in 2016-17 by the type of provider seen: the number served only at an FQHC and only at a non-FQHC. Ventura County beneficiaries made a higher percentage of visits to non-FQHC dental providers, primarily private dentists, than to FQHCs. Some beneficiaries, of course, may have been seen by both provider types during the reporting period.

Table 11. Denti-Cal Utilization of Ventura County Residents by Provider Type, FY 2016-17

Age Group	Eligibles[1]	Total Users		FQHC Users		Non-FQHC Users	
		Total Users[2]	Total Utilization	FQHC Only Users[3]	FQHC Utilization	Non-FQHC Only Users[4]	Non-FQHC Utilization[5]
Ages 0-3	29,652	10,817	36.5%	1,674	5.6%	8,181	27.6%
Age 4-5	17,212	11,110	64.5%	1,327	7.7%	9,078	52.7%
Ages 6-20	91,630	45,732	49.9%	6,363	6.9%	37,888	41.3%
Ages 21-64	146,515	25,498	17.4%	7,424	5.1%	15,980	10.9%
Ages 65+	19,894	4,733	23.8%	1,039	5.2%	3,310	16.6%
Total	304,903	97,890	32.1%	17,827	5.8%	74,437	24.4%
Ages 0-20	**138,494**	**67,659**	**48.9%**	**9,364**	**6.8%**	**55,147**	**39.8%**

[1]Includes unduplicated eligibles with no continuous eligibility requirements
[2]Total number of unduplicated beneficiaries with at least one dental service in the measurement period
[3]Unduplicated number of FQHC only users
[4]Unduplicated number of Non-FQHC only users, i.e., private dentists
[5]Percentage of Non-FQHC only users, i.e., private dentists

COMMUNITY INPUT

"I'm paying her [the dentist] to examine my teeth, not to tell me to stop drinking so much soda." – Husband of focus group participant

Focus Groups

A total of 64 individuals attended one of the five community focus groups convened for this project. While no one group was expected to be representative of Ventura County, *in the aggregate* the groups reflected a diversity of residents and locations (Table 12), with an oversampling of individuals possibly having greater dental needs and experiencing more barriers. The participants were typically 25-55 years of age (with an average age around mid-thirties), although one group included several seniors.

Table 12. Ventura Community Focus Group Characteristics

	Site/City	Characteristics	Participants
1	Head Start, Parent Policy Council Oxnard	White and Hispanic; mixed gender; adults of young children	**14**
2	Grace Thille Elementary School Parents Santa Paula	Primarily Hispanic (most English speaking); mostly women	**10**
3	F5VC Neighborhood for Learning Ventura	Mixed ethnic group; mostly women; parents of young children	**9**
4	F5VC Neighborhood for Learning, Conejo site Thousand Oaks	White and Hispanic; young and older adults; mixed gender	**13**
5	Westminster Free Clinic Health Education class Thousand Oaks	White and Hispanic; mixed gender; mixed ages	**18**
Total			**64**

Last Dental Visit

Overall, roughly half of the groups reported having made a dental visit themselves in the past year. For those with children, nearly all (about 9 of 10) said they had taken their child(ren) to the dentist in the past year, most often within the past six months.

Child's First Dental Visit

Except for one group—where opinions varied extensively—nearly every participant knew that taking a child to the dentist by "first tooth or first birthday" was recommended, possibly reflecting oral health education efforts of the host organizations or by others. In general, older adults,

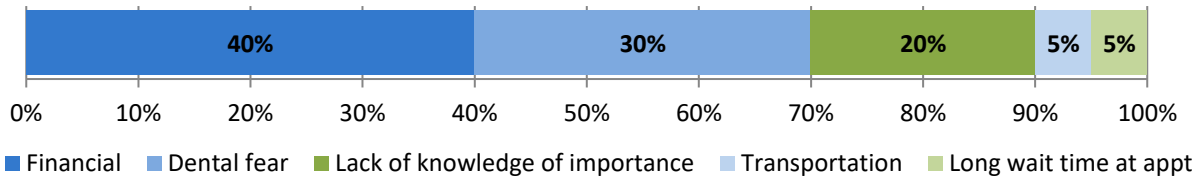
possibly because they raised their children in an earlier era, were not aware—and often surprised by—how early in life dental visits should begin.

Barriers to Care

The participants offered insight about their dental experiences and identified specific barriers to achieving good oral health, responding to questions such as, What are the main reasons people don't go to the dentist? In the majority of cases, personal barriers topped the list. As Figure 42 indicates, having to pay when a person has no insurance—or for benefits not fully covered by Denti-Cal—received the highest mention. Participants with Denti-Cal seemed satisfied with their children's coverage but not the adult scope of benefits; many described having only part of needed treatment paid for and being charged for the remainder of the services (with some having to forgo treatment completion). The majority of adults without any form of coverage shared that they could not even pay the lower end of the fee-charging clinics' sliding fee schedules; when offered the opportunity to apply for a loan (through the clinic in some cases), most declined because they either had "bad credit" or knew they couldn't make the payments.

Being afraid themselves or for their children ("I'm scared it's going to hurt;" "He's just going to cry if I take him") was cited by at least one-third of the participants as a significant barrier to making or even keeping an appointment. In addition to fear of pain (perceived or real based on experience), a number of parents specifically mentioned anxieties related to sedation ("I'm afraid my child won't wake up;" "I don't want to see my child tied down"). Nevertheless, during the discussions about the use of a "papoose board," all parents said they'd rather their child receive sedation—even general anesthesia—than be "tied down."

Figure 42. Main Barriers to Oral Health Cited by Focus Group Participants



Note: percentages are approximates

A number of participants expressed the belief that "there are a lot of people who don't understand how important oral health is"—although many in each group themselves said they knew of the relationship between periodontal disease and conditions such as diabetes and heart disease. Although the groups seemed to understand the protective nature to teeth of fluoride, a few people in one group and a couple in another group raised the issue of "unsafe" drinking water (as they perceived it), and said they chose to buy bottled water to drink, even at the added cost to their family.

Two people in two of the groups described transportation as a barrier (the difficulties were described as no vehicle, unreliable vehicle, and having to pay someone else to drive to appointments). "A long wait" to obtain a non-urgent appointment was generally defined as anything beyond 2-4 weeks (which most people thought was the outside acceptable limit), though feedback concerning waiting time was more typically regarding the amount of time it took to be seen while attending the appointment—frequently said to be an average of two hours especially if it was at a clinic.

Attitudinal barriers included some people feeling that if they took care of their teeth by brushing ("everything looks fine to me, why should I go?") there was rarely a need to visit the dentist. Some parents thought that if their child did not eat a lot of sugar there was no need to take them to the dentist because, "*Then they shouldn't have cavities*." Tooth pain was considered to be the main reason to make a dental visit according to two of the participants.

Medical–Dental Communication

Primary care providers can play an important role in promoting oral health. Overall, less than 10% of the focus group participants said their doctor usually talked to them about oral health at their regular medical visit. In most cases where oral health was addressed, these were women who said they were asked if they *had* a dentist (not whether they *had gone* to the dentist) during their pregnancies; in other cases, this meant a question was included on the health history form that asked if they had a regular dentist or made regular dental visits.

Participant Recommendations

Participants were given the opportunity to give input to the upcoming oral health planning process by being asked, "What one thing could make a difference in helping people in Ventura County achieve better oral health?" They offered the following suggested improvements:

- Provide training to help dental providers become more sensitive to the needs of children with special needs/behavioral issues so parents don't have to switch providers to receive care.
- Help more people access affordable care (e.g., lower sliding fee schedules, more pro bono services).
- Expand the scope of adult dental benefits so that all treatment needs can be completed.
- Change the policy in the dental offices/clinics that restrict parents from accompanying their children into the exam room. Not being able to observe "what they are doing to your child" seemed to cause anxiety for some parents.
- Focus more on the oral health needs of older adults, especially low-income residents.

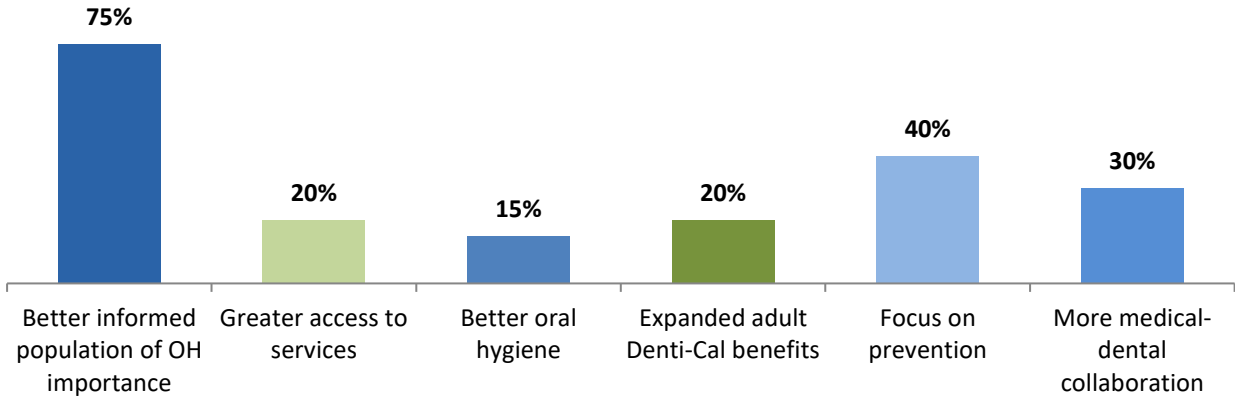
Key Informant Interviews

Of 30 invited key informants from the list of names the Advisory Committee provided, 27 individuals agreed to participate in an interview.[63] The interviews, which were conducted by telephone, generally lasted an average of 30 minutes. The key informants represented a good cross-section of Ventura County health and human services community-based organizations and other individuals with an informed perspective about unmet oral health needs. While most of the interviewees spoke to the issues they knew best from their professional roles, some were also able to consider and describe the needs of others in the county when prompted with questions to help them think about population characteristics, geography, political landscape and other factors that influence oral health knowledge, attitudes and access to services.

Unmet Needs

The key informants were asked to describe what they thought were the most significant oral health problems/needs in Ventura County that needed to be addressed. (Barriers to meeting the needs are described below.) The interviews yielded fairly consistent results with the focus group responses and community survey conducted for this assessment although the key informants identified a much broader picture of the needs and barriers. Figure 43 summarizes the six key needs and indicates the extent to which they were identified by the interviewees. The majority (75%) of the interviewees believed that much of the county's population, including "people who are educated," did not have enough knowledge about oral health or understand its importance. A couple of the interviewees gave as an example the lack of understanding about the relationship between oral health and general health ("They don't associate it with a medical condition, just a cleaning issue") and the importance of taking a child to the dentist by age one. Because a number of the individuals had been involved in some level of advocacy for children, more focus on prevention was viewed as a primary need.

Figure 43. Most Significant Oral Health Needs Identified by Key Informants by Proportion of Mention (n=27)



Note: Because some interviewees identified more than one need the percentages would not be expected to total to 100%.

Barriers

Barriers to achieving good oral health are complex, and the result of a combination of healthcare structure and personal factors. Table 13 displays the most common barriers the key informants identified from their experience as impeding oral health or restricting access to services, and relate back to their perspectives about need. Besides having no insurance coverage, patient financial concerns were described as having to pay for the part of treatment Denti-Cal doesn't cover, and having "excessive" sliding fee scales at dental clinics. A number of the barriers were interrelated. For example, some key informants observed individuals allowing pain to be the determinant for when to make a dental visit. They believed this to be related to a lack of knowledge about dental importance and possibly tied as well to family habits ("Your parents never went to the dentist until they had tooth pain so you don't"). A few of the key informants remarked that despite awareness of oral health importance and relatively easy access to services, some people "just don't make going to the dentist a priority." Some had observed client attitudes of "I take good enough care of my teeth by brushing" as the reason some gave oral health care low priority. Dental fear could also be an underlying reason for avoiding the dentist.

Table 13. Most Common Barriers to Oral Health Identified by Key Informants (n=27)

Issue	Frequency of Mention
Lack of knowledge about oral health	13
Financial concerns	6
Too few providers participating in Denti-Cal	6
Transportation	4
Being unaware of where to go/eligibility status	4
Low personal priority regardless of adequate knowledge	3
Dental fear	2
Ingrained cultural beliefs and habits incompatible with good oral health	2
Inaccessible clinic hours/not being able to get off work or school	2
Waiting until pain forces when to seek care	1
Oral health not valued by the healthcare industry	1
Negative provider attitudes about people with Denti-Cal/uninsured	1

Some interviewees identified more than one barrier.

In addition to the personal factors that influence a person's perceived needs—which overlap with dental health literacy, socioeconomic status, and personal experience in complicated ways[64]—delivery system issues act as barriers and some were cited. Too few Denti-Cal providers, negative provider attitudes, and office/clinic hours not open on weekends or evenings were offered as examples of systems barriers. One person thought the healthcare industry did not place a high enough value on oral health; another remarked that not all organizations "who should know" are aware of how to help people identify and navigate the oral health system. Some impressions are inaccurate or confusing resulting in unnecessary barriers. For example, the military collaborative

was glad to be made aware during the interview that veterans could seek dental care through the large network of Clinicas del Camino Real, Inc.'s dental clinics as one solution to their access problems. Some people perceive that Clinicas del Camino Real, Inc. only serves farmworkers and others are not able to receive care there. Some organizations "can only go so many directions," another interviewee stated, when managing client families and "only get involved in dental when families express concerns," limiting their ability to get people into care. Another system barrier identified by some key informants was schools' failure to embrace oral health to the extent they have with vision and hearing testing as a priority for their time. This limits school involvement in the important surveillance objective of dental screenings.

Opportunities for Improvement

The opportunities the key informants identified as "untapped" or needing strengthening recognize that single interventions will not lead to sustainable oral health improvement; multiple approaches, uniform and creative messaging ("not just reading material"), and involvement by more entities—including non-traditional providers—were the most frequently cited suggestions going forward. Key informants were also invited to look ahead and "Name the most important change or improvement you would want to see in Ventura County five years from now," also summarized in Table 14 as hoped-for achievements. Several key informants mentioned that while Gold Coast Health Plan currently coordinates services with CHDP for under-utilizing families, the organization was in a great position to involve more fully its medical providers, emphasis oral health in member materials as well as initiate educational campaigns such as around the First Tooth/First Birthday issue. Gold Coast could also, it was recommended, be responsive to transportation barriers by marketing this benefit to Medi-Cal members. The county's Rethink Your Drink Campaign, which was said to not currently have an oral health focus, could begin to tailor some of its social media and events to include it.

Table 14. Priority Oral Health Improvement Recommendations Offered by Key Informants (n=27)

Opportunities to Improve , Strengthen or Expand	Views about Five-Year Achievements
▪ Oral health education messages integrated with other related efforts; all organizations/provider groups messaging. ▪ School-based screenings and dental services. ▪ Gold Coast Health Plan member education in oral health. ▪ Pediatricians and family practice physicians more on board. ▪ Dental services integrated into more primary care settings. ▪ Adult dental benefits/access to care increased (despite being more costly and less prevention oriented). ▪ Collaborative relationships more developed between Clinicas and other organizations. ▪ Shorter waits to obtain dental appointments; and during clinic visits. ▪ Emphasis on oral health by Family Resource Centers (F5VC funded).	▪ Oral health as a standard across the healthcare system. ▪ Regular cleanings for improved oral hygiene. ▪ Less soda consumption. ▪ Increased dental utilization rates by age 1.

In order of frequency of mention. Some interviewees identified more than one opportunity.

Other interviewees suggested that there were unexploited opportunities to successfully integrate key messages by more service organizations such as Family Resource Centers and programs like Welcome Every Baby.

Working with more of the schools in the county's 19 school districts to take advantage of the "captive audience" and offer school-based dental exams and treatment, including a parent education component, was commonly identified as an area for expansion ("helps get kids seen earlier;" "these parents are setting up their kids for a lifetime of oral disease without preventive services"). To promote more fully prevention of oral disease, it was also suggested that the medical and dental communities needed closer communication, and in the case of pregnant patients more collaborative efforts to see that needed dental treatment was accessible during pregnancy.

Several individuals acknowledged that while children and disease reduction should continue to be a focus of the Ventura County Oral Health Program, there were opportunities where adults should be helped ("we've advocated so much for kids—the focus now needs to be on adults;" "dentists are very quick to pull teeth; adults have to be helped to have more savable teeth"). Young adults, once they leave school, should also be considered an important target group "because once they leave school there's no reinforcement of health education messages." The suggestions to improve adult oral health included finding more willing providers for pro bono cases; help in understanding dental benefits and navigating to find a provider; fundraising for specific needs like dentures; working with tobacco use reduction programs to integrate a succinct, tailored oral health component into smoking cessation classes; and through diabetes education programs.

Influencing as well as measuring behavior change from public health interventions is challenging. Westminster Free Clinic, that serves an especially high-risk population, shared the results of an oral health intervention that focused on prevention. A total of 115 (58%) of the 200 individuals who had attended one of the 30-minute classes and received oral health education materials recently participated in a 1-year follow-up. The post-assessment results included the following:

- 84% of participants answered correctly when asked if there was a correlation between oral health and heart disease; 97% correctly answered the question concerning diabetes and oral disease.
- 44% reported brushing their teeth three times a day after the workshop, up from 9% prior; 4 % who had *never* brushed their teeth began to do so after attending the class.
- 58% of participants who had never flossed before the workshop began flossing afterwards.

Community Oral Health Survey

The Community Oral Health Survey yielded a response of 1,663 usable surveys from distribution throughout the county. The majority, 1,307 (78.6%), were completed in hard copy, and the remainder, 356 (21.4%), online (Table 15). About forty-two percent of the surveys were completed on the Spanish version of the survey, in large part via paper copy.[65]

Table 15. Number of Survey Responses by Survey Language and Mode (n=1,663)

	English	Spanish	Total
Paper	645	662	1307
Online	313	43	356
Total	958 (57.6%)	705 (42.4%)	1,663 (100%)

ADULT RESPONDENTS

Overall, adults ages 27-64 made up the largest proportion (50.9%) of the survey sample (Table 16). There was little difference among the age groups between the English and Spanish versions of the survey. The ethnic breakout of the survey sample represents an over-sampling of Latinos/Hispanics, and under-sampling of the other groups, the result of where surveys were placed in community locations.

Table 16. Characteristics of the Survey Respondents (n=1,663)

Characteristic	English Language	Spanish Language	Total Surveys
Age			
Age 18-25	13.9%	11.9%	13.1%
Age 27-40	49.0%	53.5%	50.9%
Age 41-64	33.6%	30.3%	32.2%
Age 65+	3.6%	4.3%	3.9%
Ethnicity			
White, non-Hispanic	28.6%	2.7%	17.9%
Hispanic/Latino	63.4%	97.0%	77.2%
African American	1.0%	0.2%	0.6%
Asian	4.6%	0.0%	2.7%
Other	2.4%	0.2%	1.5%

Close to 90% of the survey respondents identified their city. As Table 17 shows, the majority of individuals, 37.3%, lived in Oxnard, generally reflecting where the surveys were distributed.

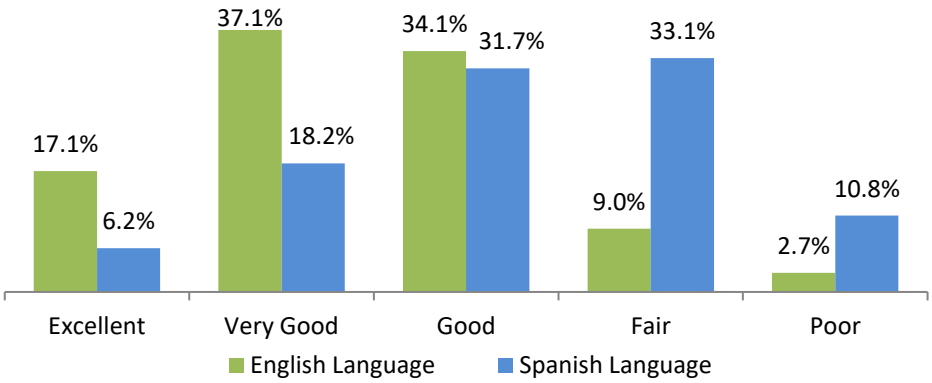
Table 17. Survey Respondents by City (n=1,472)

City/Region	Number	Percent
Port Hueneme	24	1.6%
Moorpark	33	2.2%
Oak View/Ojai	38	2.6%
Camarillo	54	3.7%
Piru	83	5.6%
Fillmore	99	6.7%
Simi Valley	112	7.6%
Santa Paula	113	7.7%
Ventura	178	12.1%
Thousand Oaks/Westlake Village/Newbury Park/Oak Park	189	12.8%
Oxnard/El Rio	549	37.3%

Oral Health Status

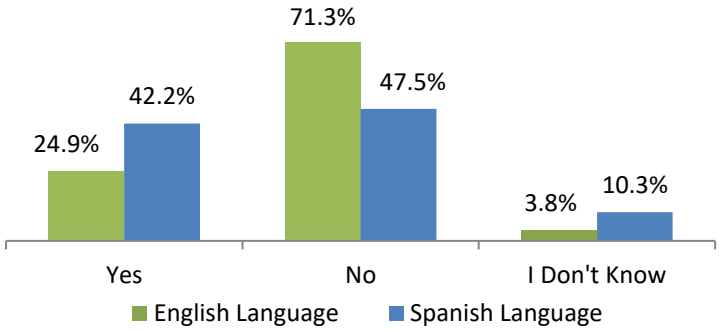
The survey respondents were asked a series of questions about their oral health status and experience. As Figure 44 makes clear, individuals who completed the survey in English rated their current oral health more favorably than those who completed the form in Spanish. For example, twice the percentage of English language respondents, 54.2%, than Spanish language respondents, 24.4%, rated their oral health as excellent or very good; the proportion of the overall sample with this rating was 41.9% (data not shown).

Figure 44. Survey Respondents' Self-Reported Oral Health Status (n=1,663)



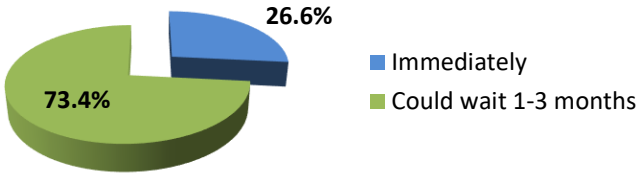
While 32% of the respondents overall reported currently needing to see a dentist for a problem, 42.2% of the Spanish language respondents indicated this compared to 24.9% of English respondents (Figure 45). More than twice the proportion of people completing the form in Spanish than in English said they "didn't know" if they currently had a dental problem.

Figure 45. Survey Respondents' Self-Identified Current Dental Problems (n=1,663)



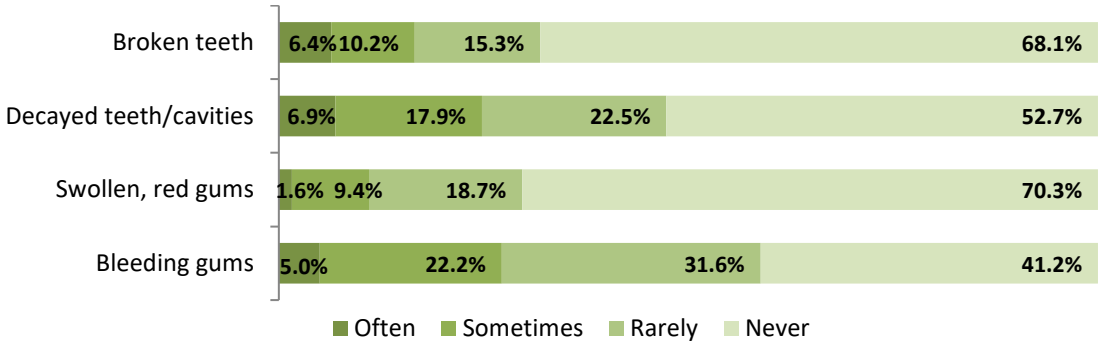
Three-quarters (73.4%) of the survey respondents who reported having a current dental problem believed their problem was not urgent and could wait one to three months before being addressed (Figure 46). There was only a slight difference in response to this question between the two language versions of the survey.

Figure 46. Need for Attention to Dental Problems (n=1,663)



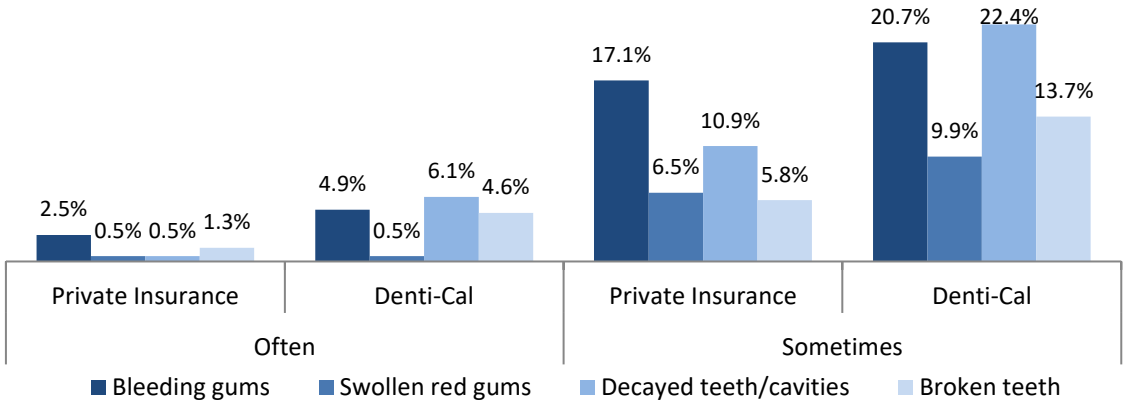
While most—from 41.2% to 70.3%—adults said they had not experienced any common dental conditions in the last year, 6.9% reported decayed teeth or cavities and 5% reported bleeding gums "often" (Figure 47).

Figure 47. Type of Dental Conditions Survey Respondents Experienced in the Past Year (n=1,663)



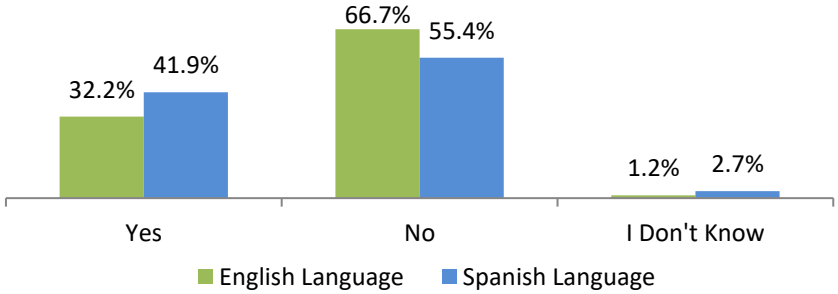
Looking at the common dental conditions by respondents' insurance, it's clear from Figure 48 that people with Denti-Cal experience these oral conditions, particularly decayed teeth and cavities, more often than those with private coverage.

Figure 48. Frequency of Dental Problems by Survey Respondent Insurance (n=1,663)



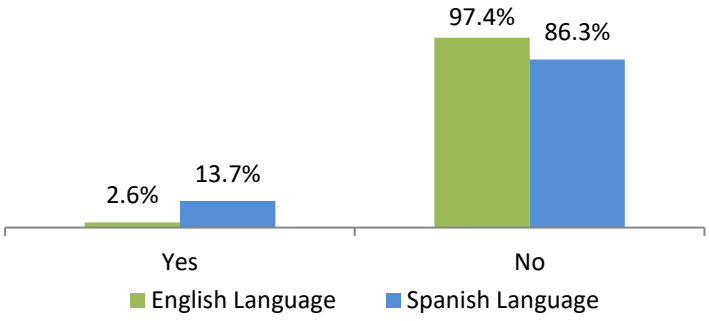
Although tooth loss in adults has decreased in recent decades, it remains more of a problem for some populations.[66] In this survey sample, about 36% of respondents on average (English 32.3%/Spanish 41.9%) had experienced having an adult tooth, not including wisdom teeth, pulled (Figure 49).

Figure 49. Percent of Survey Respondents Who Ever Had an Adult Tooth Pulled (n=1,663)



The need for partial or full replacement of permanent teeth may be due to tooth decay, gum disease, dental fractures and even severe tooth erosion from gastrointestinal reflux, which causes stomach acid to regurgitate into the mouth. Overall, 7.2% of the survey respondents reported wearing partial or full dentures; 13.7% of Spanish language compared to 2.6% of English language respondents, a rate five times higher, reported having dentures (Figure 50).

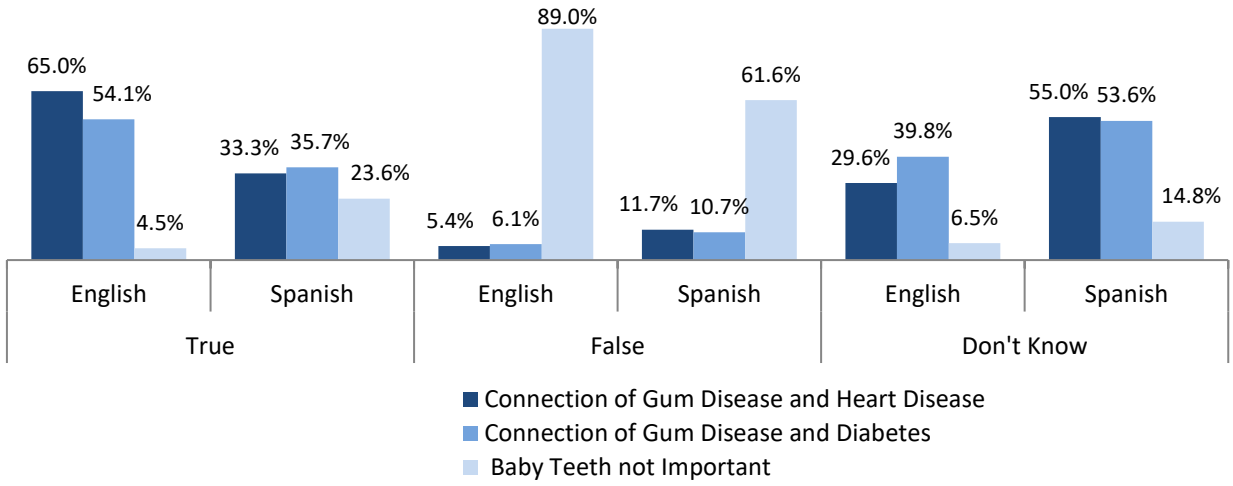
Figure 50. Percent of Survey Respondents with Partial or Full Dentures (n=1,663)



Oral Health Knowledge

Assessing oral health knowledge is important to plan appropriate preventive oral health education programs. As Figure 51 indicates, twice the proportion of those answering in English, 65%, than in Spanish, 33.3%, knew there was a connection between periodontal disease and heart disease. There was a little more similarity in their responses to the question of diabetes and gum disease: 54.1% of English and 35.7% Spanish language respondents answered correctly that there was a relationship, though a sizable proportion (39.8% English/53.6% Spanish) said they "didn't know." While the majority of respondents understood that baby teeth were important, it is important to note that nearly one-quarter (23.6%) of Spanish language respondents thought baby teeth "didn't count much because they're going to fall out anyway."

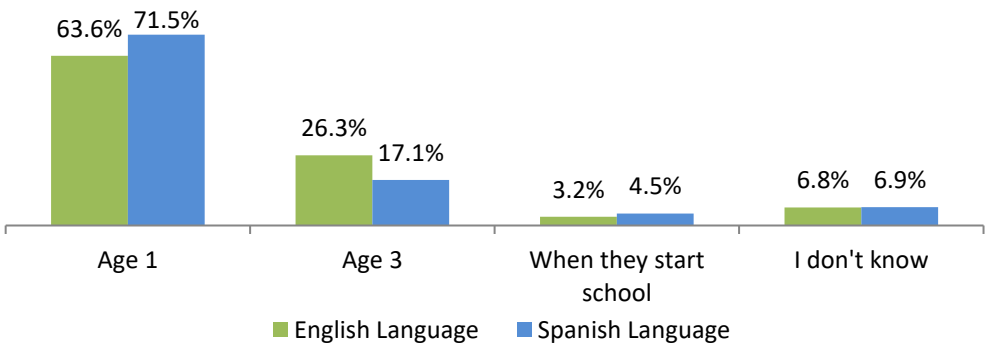
Figure 51. Survey Respondents' Knowledge of Oral Health (n=1,663)



Note: True = indicates the correct answer.

Because of the importance of early intervention, respondents were asked if they knew when a child should have a first dental visit. While about two-thirds of the group were aware of this (with Spanish language respondents more aware), at least one-quarter of the adults had not gotten or perhaps didn't agree with the message of "First Tooth/First Birthday (FT/FB)" (Figure 52).

Figure 52. Survey Respondents' Answers for Age of a Child's First Dental Visit (n=1,663)



Looking at the FT/FB message by respondent age groups (Table 18), about two-thirds of the non-senior adults were aware of the first-visit recommendation. Similar to the focus group participants, the oldest age group of surveyed adults was much less knowledgeable.

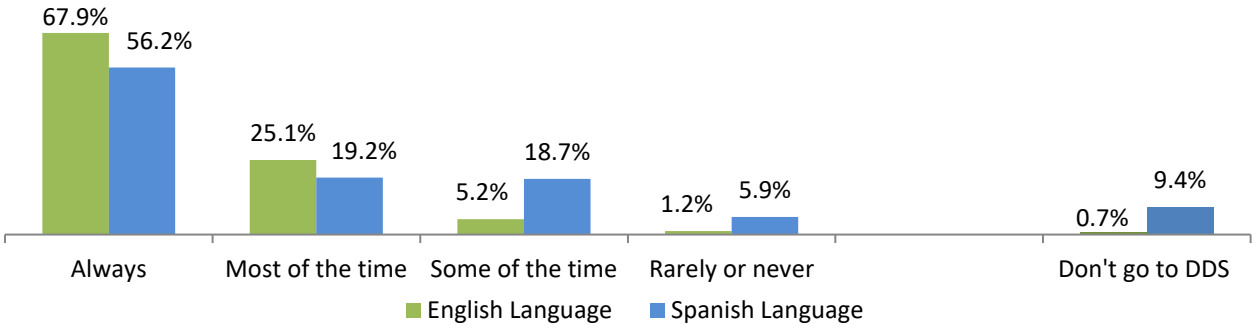
Table 18. Survey Respondent Awareness of FT/FB Message by Age Group (n=1,663)

	Age 18-26	Age 27-40	Age 41-64	Age 65+
Percent with Correct Answer	64.3%	70.0%	64.0%	57.1%

A dental office visit can be intimidating for some patients. In addition, low health literacy can affect a person's ability to access services, share personal health information, and comply with recommended self-care. Many limited English proficient parents struggle with understanding the directions given by the dental provider about how to properly care for their child's teeth or dental issue. For example, many Mixteco and Zapoteco-speaking parents leave the office not understanding the directions given by dental professionals.

The majority of the respondents who said they went to the dentist reported "always" or "most of the time" understanding what they were told at the dental office (Figure 53). However, those who completed the form in Spanish reported less understanding overall. For example, 5.9% of that group said they "never" understood compared to 1.2% of English language respondents who said the same thing. What is also important about this question is the percentage of Spanish language survey respondents who marked "I don't go to the dentist," a significantly higher proportion than marked by English language respondents.

Figure 53. Ability of Survey Respondents to Understand at the Dental Visit (n=1,663)

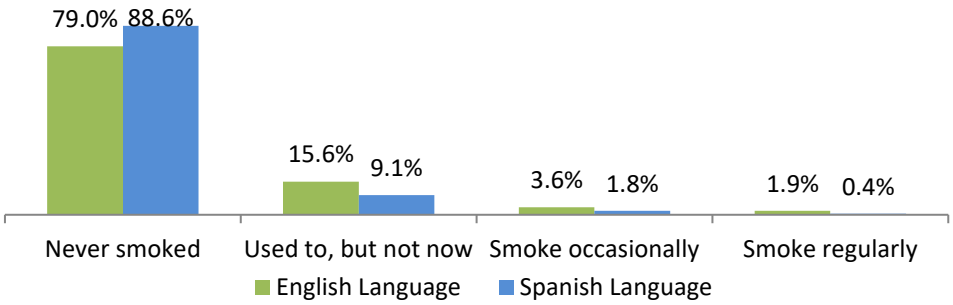


Risk Factors/Protective Factors

Some of the survey questions dealt with factors that put people at higher risk of oral disease and those that help prevent disease. Because of the oral health implications of tobacco, the survey provided an opportunity to query about its use. Overall, 4.1% of the respondents reported being a

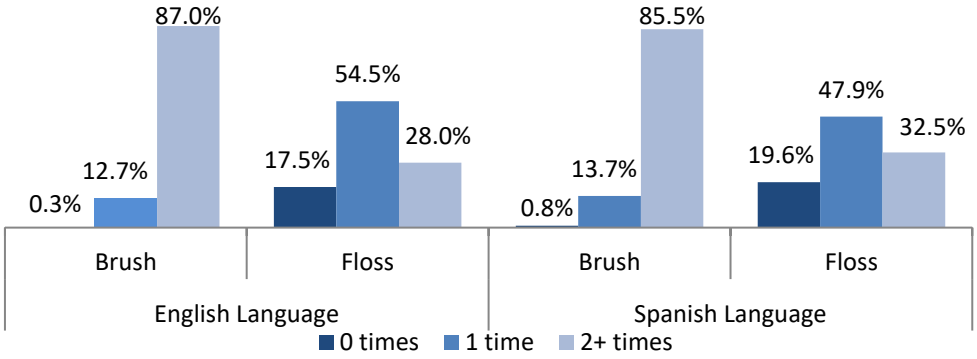
current cigarette smoker, either occasionally or regularly, with a higher percentage of English language respondents than Spanish language respondents, 5.5% vs. 2.2%, saying they were current smokers (Figure 54). (Note that the 2016 CHIS cited in an earlier part of this report showed 5.7% of Ventura County adults reported being current smokers.) Close to 99% of survey respondents of both language versions reported never chewing tobacco (data not shown).

Figure 54. Cigarette Smoking Habits of Survey Respondents (n=1,663)



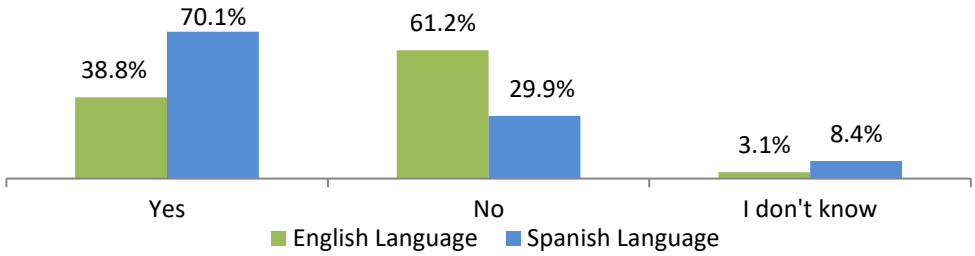
Brushing and flossing are the basis of any good oral hygiene routine but not all adults make this part of their daily routine. The greatest majority, about 86%, of the survey respondents reported brushing their teeth at least twice a day, though about 13% said it was once a day. Flossing occurred less often but about half of the respondents said they did floss at least daily; 18%-19%, however, reported never flossing (Figure 55). There were only small differences between people who completed the form in English or Spanish.

Figure 55. Survey Respondents' Oral Hygiene Habits in a Typical Day (n=1,663)



Primary care physicians are well positioned to promote oral health but do not always capitalize on this opportunity. While overall 48.5% of the survey population said their doctor ever asked about their oral health during a regular medical visit, the differences between Spanish (70.1%) and English (38.8%) language respondents conveying this was significant (Figure 56). Also of note was the proportion of Spanish language respondents who said were unsure whether their doctor ever talked to them about their oral health.

Figure 56. Percent of Survey Respondents Whose Doctor Asks About Dental Health (n=1,663)



Looking at physician communication by type of insurance, a much higher proportion of those with Denti-Cal (69.8%) than employer-based coverage (40.2%) reported generally being asked about their oral health by the physician at their medical visit (Table 19).

Table 19. Survey Respondents Whose Doctor Asks About Dental Health by Type of Insurance (n=1,663)

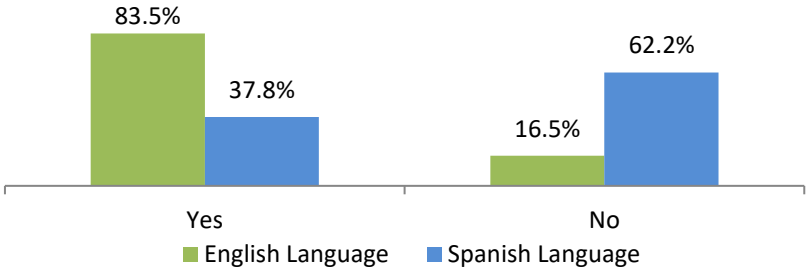
	Private	Denti-Cal
Percent Saying Yes	40.2%	69.8%

Note: Respondents who answered "I don't know" were excluded from the analysis.

Access and Utilization

Having and *using* dental benefits contributes to good oral health and reduces future dental care costs. Overall, 64.5% of the adults reported having some form of dental insurance. However, as Figure 57 indicates, there was a marked difference between people who completed the survey in English and Spanish. Close to 84% of the former group reported having insurance while only about 38% of the latter carried it.

Figure 57. Percent of Survey Respondents with Dental Insurance (n=1,663)



The types of dental insurance carried by those with coverage can be seen in Figures 58 and 59 on the next page. Denti-Cal accounted for 59.7% of the insurance among Spanish language respondents compared to 11.8% among English language respondents, a four-fold difference.

Figure 58. English Language Respondents' Insurance Type (n=958)

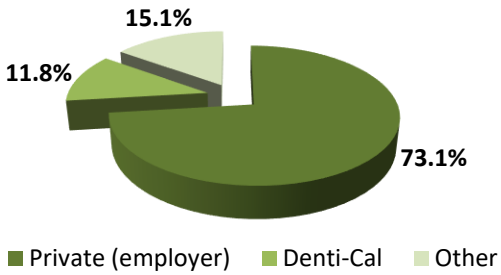
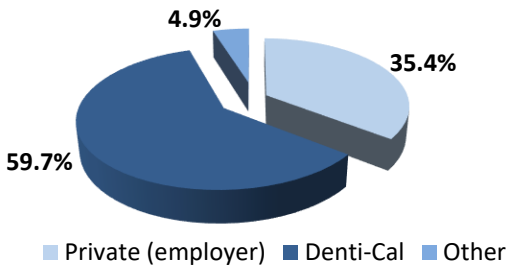
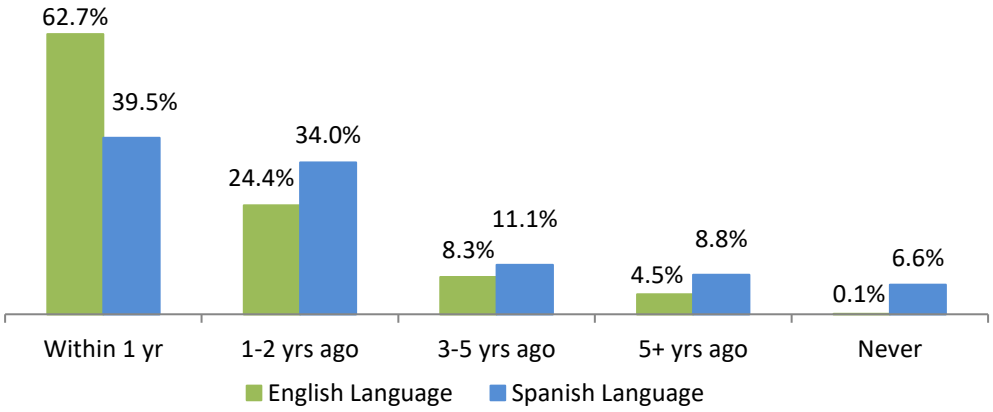


Figure 59. Spanish Language Respondents' Insurance Type (n=705)



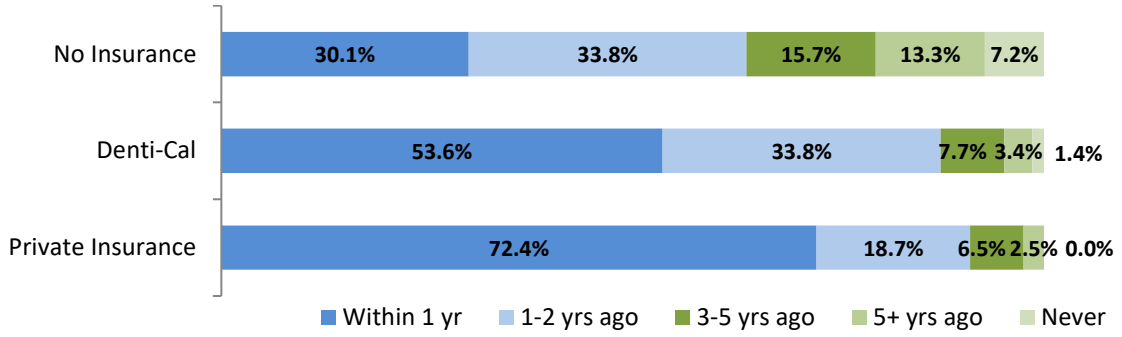
The difference in timely dental visits was markedly different by survey language respondents. Close to 63% of English respondents compared to 39.5% of the Spanish language respondents reported their last dental visit as within one year (Figure 60). There was little difference in the time of the last dental visit of three to five years ago based on whether someone completed the survey in English or Spanish. It is important to note that while nearly none of the English language respondents reported "never" going to the dentist, 6.6% completing the form in Spanish reported this.

Figure 60. Survey Respondents' Last Dental Visit (n=1,663)



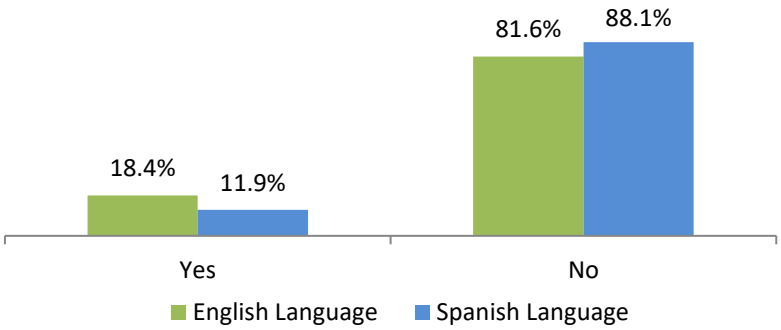
Recency of last dental visit was further examined by type of insurance. As Figure 61 indicates, among individuals with a form of dental coverage, those with private insurance reported the most recent dental visits, 72.4% within the past year. Denti-Cal respondents reported visiting the dentist within the past year less often, 53.6%; 1.4% of this group said they had never gone to the dentist. Unsurprisingly, only 30.1% of people without insurance made it to the dentist within the past year, and 7.2% had never been.

Figure 61. Frequency of Survey Respondents' Last Dental Visit by Type of Insurance Coverage (n=1,663)



Dental treatment during pregnancy is generally agreed to be safe. However, some prenatal providers do not ask about or encourage patients to see their dentist, some dentists are reluctant to treat pregnant patients, and some well-meaning family and friends discourage it, creating unnecessary obstacles for women seeking care. Eighteen percent of English language and 11.9% of Spanish language survey respondents for whom the question applied reported being told by a dentist or physician they should not have dental treatment during pregnancy (Figure 62).

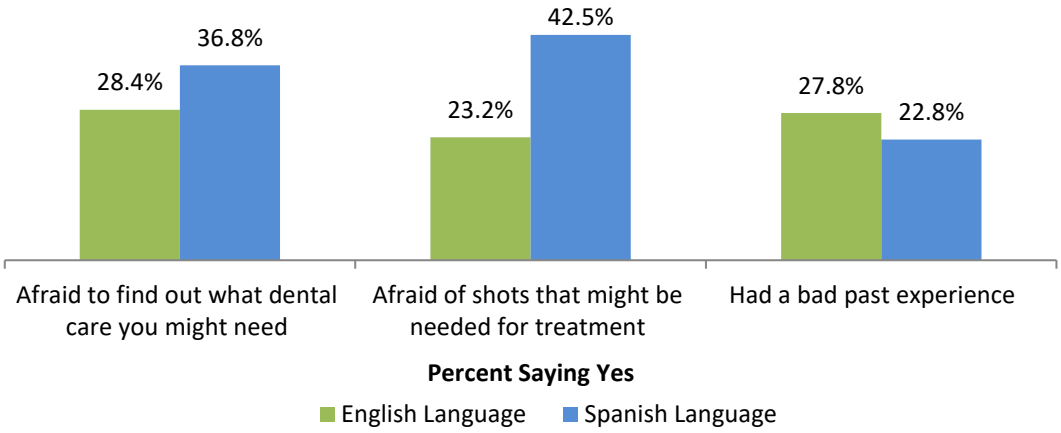
Figure 62. Percent of Female Survey Respondents Told No Dental Treatment During Pregnancy (n=1,322)



Barriers

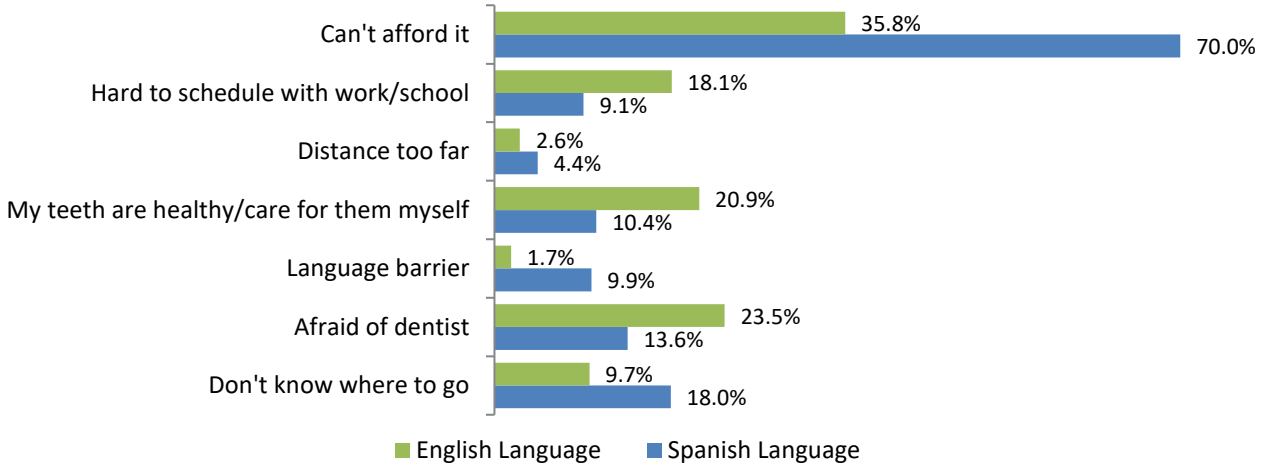
Dental fear can result in avoided dental visits for both adults and children. Because a parent's dental anxiety can also influence that of their child,[67] survey respondents were specifically asked about these concerns. Overall, Spanish language respondents reported a higher degree of dental fear when answering this question. Almost twice the proportion of that group reported fear of shots, and 36.8% (vs. 28.4% for English language respondents) were worried about discovering what dental care might be needed during the visit. On average, about 25% of both groups said a previous bad experience was an important concern when visiting the dentist (Figure 63).

Figure 63. Type of Concern for Self or Child When Survey Respondents Visit the Dentist (n=1,663)



In addition to dental fear, adults avoid going to the dentist for other personal or delivery system reasons. Cost of services was the major factor preventing most adults from getting regular dental checkups, Spanish language respondents overwhelmingly so (Figure 64). Spanish language respondents reported at twice the proportion of English respondents not knowing where to go for services, 18.0% vs. 9.7%. While dental fear seemed to be more of a factor for people completing the survey in Spanish when that specific question was asked, as described above, English language respondents claimed fear as their reason for delaying or never visiting the dentist at twice the proportion as Spanish respondents, 23.5% vs. 13.6%. Of note for both groups, especially English language respondents, was the percentage who thought going to the dentist wasn't so important because "my teeth seem healthy; I take care of them myself."

Figure 64. Main Reasons Survey Respondents Delayed (or Never) Going to the Dentist (n=1,663)



Note: Survey respondents could identify more than one reason.

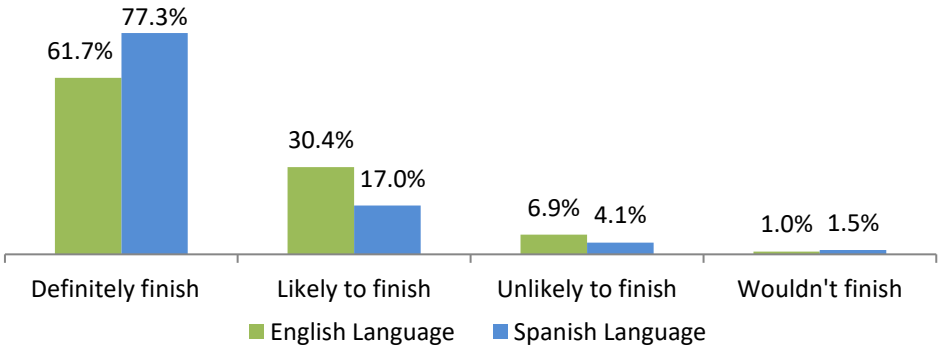
Twenty-three respondents wrote in other reasons different from the issues shown in Table 20 for delaying a dental visit. Half of those individuals remarked that they "just haven't made time for it;" "still procrastinating;" "just busy with life." Some thought—or were told by someone—there was a "medical reason" other than pregnancy (cited by one person) that prohibited a dental visit ("it's not recommended for my condition").

Table 20. Other Reasons Survey Respondents Said for Delayed/No Dental Visit (n=1,663)

Reason	Frequency of Mention
Procrastinating/low priority	11
Medical reason	3
Don't like my dentist/does poor work	3
Can't find provider who takes my insurance	2
Just got dental benefits	2
Just moved here	1
Immigration concern	1

Thinking about the potential barrier from the need for multiple visits to complete dental treatment, survey respondents were asked how likely they would be to finish treatment "if it took more than one visit." About the same percentage of both language groups said they would definitely or likely finish, although a higher proportion of Spanish language respondents said "definitely" (Figure 65).

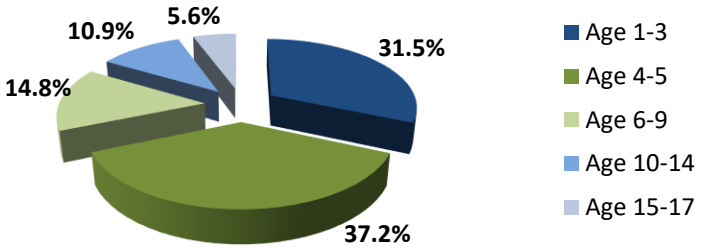
Figure 65. Likelihood of Completing Dental Treatment that Required More Than One Visit (n=1,663)



SURVEY RESPONDENTS' CHILDREN

Survey respondents with children ages 1-17 (72% of the adult sample) were asked about their *youngest* child's dental experience. Children age 4-5 and age 1-3 made up the largest percentage of these children (Figure 66), undoubtedly reflecting where the surveys were distributed.

Figure 66. Survey Respondent Child Sample by Age Group (n=1,042)



Oral Health Status

Asked whether their child had ever had an untreated decayed tooth/cavity, 27% of the Spanish language respondents said yes—two times higher than respondents in English (Table 21). Examining this question by type of insurance, there was about a 23% difference in the incidence of untreated tooth decay between respondents' children with private insurance and with Denti-Cal.

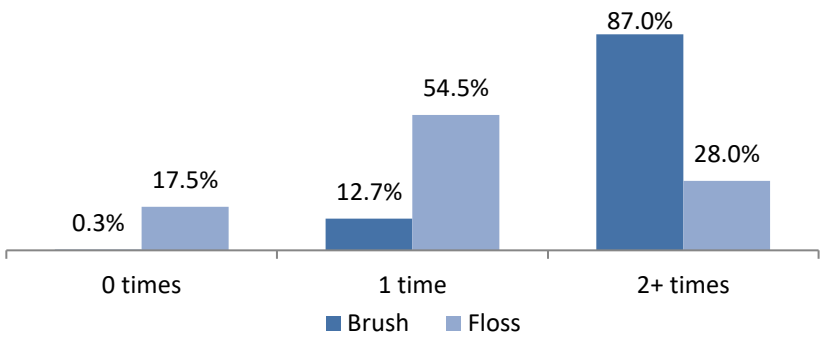
Table 21. Survey Respondents' Children with Untreated Tooth Decay (n=1,042)

Percent Saying Yes	
By Language	
English Language	Spanish Language
12.2%	27.0%
By Type of Insurance	
Private Insurance	Denti-Cal
14.8%	18.2%

Protective Factors/Risk Factors

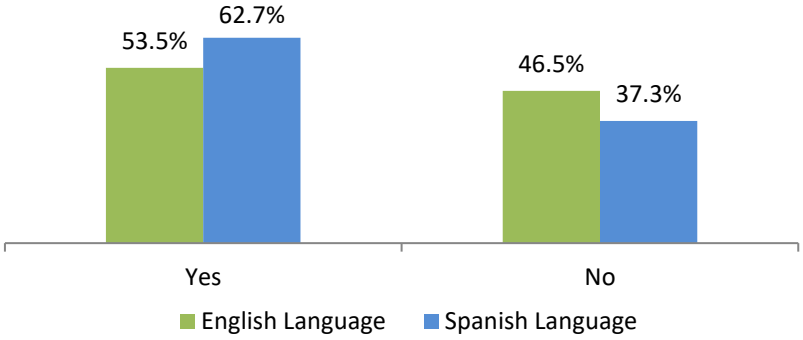
Most (87.0%) parents said their child—with or without their help—brushed their teeth at least twice a day, and 28% reported the same frequency for flossing. Flossing was "never" an oral hygiene habit according to 17.5% of the parents.

Figure 67. Frequency of Children Brushing and Flossing in a Typical Day (Total Sample) (n=1,042)



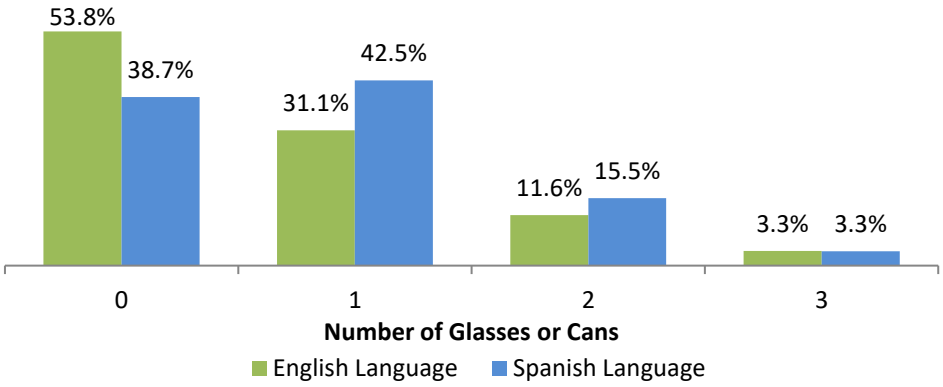
In addition to brushing and flossing, dental sealants, plastic coatings applied to the chewing surfaces of molar teeth, protect teeth by acting as a barrier to bacteria and acids. Over half of the children eligible for sealants (age 6-14) had received a dental sealant, with Spanish language respondents reporting higher sealant usage, 62.7% vs. 53.5% (Figure 68).

Figure 68. Percent of Survey Respondents' Children with Sealants (n=1,042)



Daily consumption of soda and other sugar-sweetened beverages seemed to present slightly more of a risk factor for children of Spanish language respondents, according to these parents' accounts. Both groups equally (3.3%), however, reported drinking three glasses or cans a day was typical.

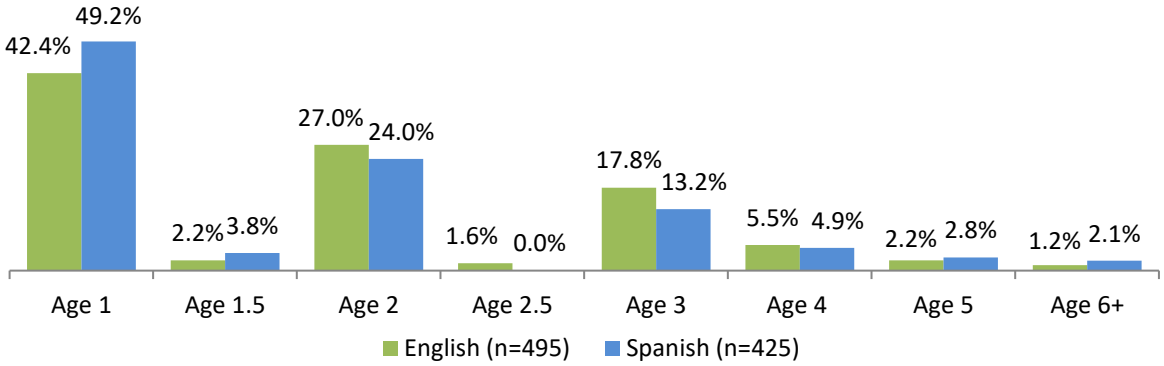
Figure 69. Soda or Other Sugary Drinks Consumed by Survey Respondent Children in a Typical Day (n=1,042)



Utilization

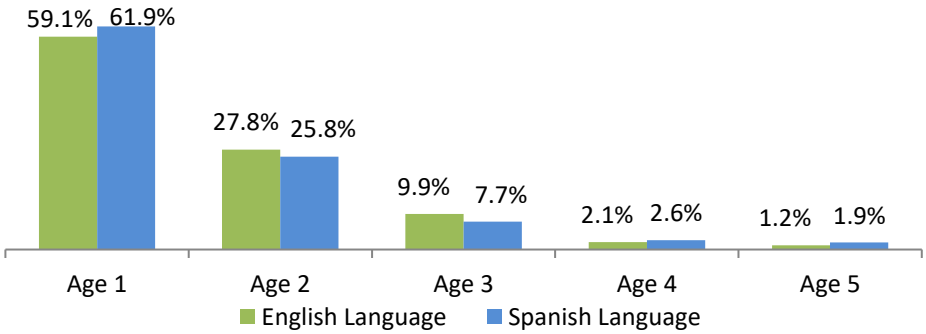
Most survey parents (45.2% on average) reported taking their youngest child to the dentist for the first time when the child was a year old. There were only small age differences by survey language type although a slightly higher percentage of the respondents in Spanish had taken their child by age one (Figure 70 below).

Figure 70. Survey Respondent Children's Age at First Dental Visit (n=1,042)



Knowing a child should first see the dentist at age one doesn't necessarily translate to *taking* a child by that time. Looking at just the parents who correctly answered the question "first tooth/first birthday by age 1," about 60% followed that recommendation and about 26% waited until their child was 2 years or older. The differences between English and Spanish language respondents were small as Figure 71 shows.

Figure 71. Children's Age at First Dental Visit When Respondent Knew "First Tooth/First Birthday" (n=1,042)



Parents who completed the survey in Spanish reported taking their child for a regular dental visit more frequently than parents in English did (Table 22). Also of note, twice the proportion of the English language group said they "never" had taken their child to the dentist.

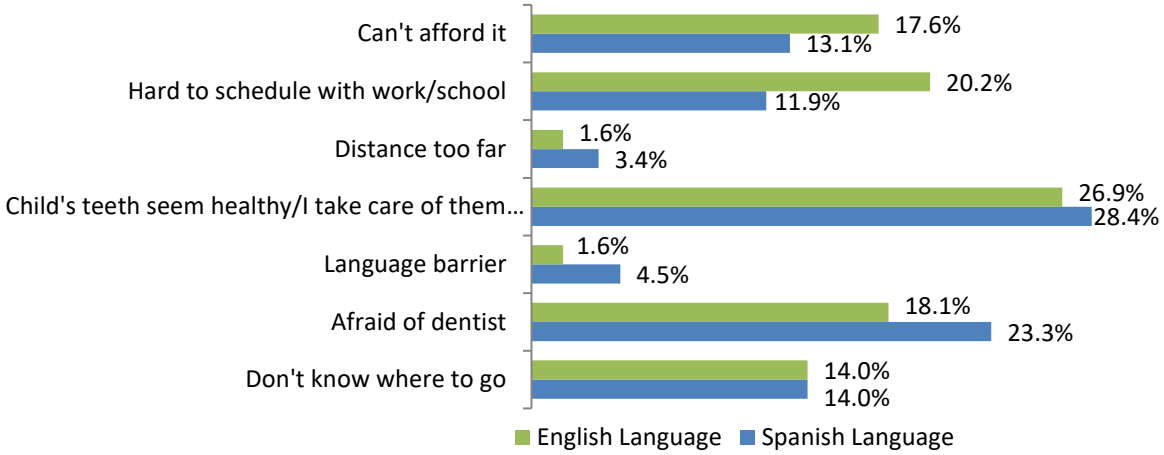
Table 22. Survey Respondent Children's Frequency of Regular Dental Visits (n=1,042)

	English Language	Spanish Language
Every 6 months	69.7%	79.6%
Once a year	16.7%	12.8%
Every 1-2 years	2.3%	2.0%
2+ years	1.8%	1.2%
Only when in pain	0.8%	0.8%
Never	8.8%	3.6%

Access and Barriers

Dental fear (23.3%) and thinking their child's teeth "seem healthy" by "taking care of them myself" (28.4%) were the main reasons accounted for by Spanish language survey respondents for delaying/never taking their child to the dentist. English language respondents called parental care of teeth because teeth "seem healthy" (26.9%) and unsuitable office hours for appointments (20.2%) the most important barriers, as shown in Figure 72.

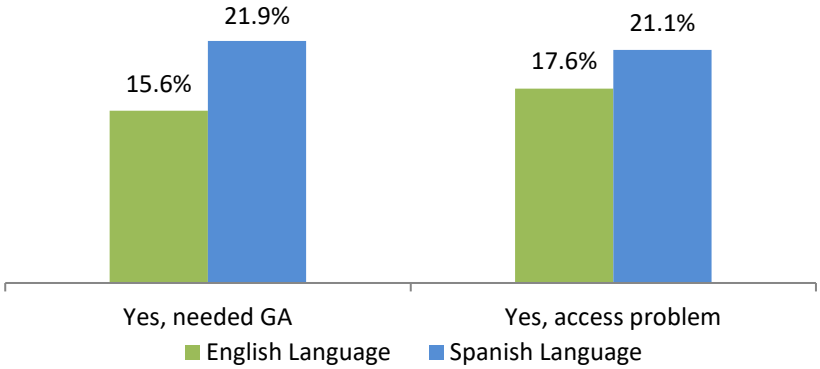
Figure 72. Main Reasons Survey Respondents Delayed or Never Took Child to the Dentist (n=1,042)



Note: Survey respondents could identify more than one reason.

Dental procedures for children are performed under general anesthesia (GA) for various reasons. Excessive decay (multiple cavities), special health care needs, acute situational anxiety, un-cooperative age-appropriate behavior, immature cognitive functioning, disabilities, or medical conditions are typical examples.[68] In this sample, 15.6% of English surveyed parents and 21.9% of Spanish parents said their child had needed "to be put to sleep" to have dental treatment (Figure 73). The latter group of parents experienced somewhat greater trouble finding a resource for the GA services.

Figure 73. Percent of Surveyed Respondents Whose Child Needed General Anesthesia for Dental Treatment (n=1,042)



APPENDICES

"You can afford to eat out more with your kids if you don't let them order soda." – Key Informant Interviewee

Attachment 1:	Ventura County Oral Health Program Advisory Committee, Staff and Consultants
Attachment 2:	Key Informant Interviewees
Attachment 3:	Private Dentist Survey
Attachment 4:	Community Oral Health Survey
Attachment 5:	Map of Ventura County Available Safety Net Dental Services
Attachment 6:	Kinder Assessment School District List
Attachment 7:	Denti-Cal Utilization in Ventura County Zip Codes

ATTACHMENT 1

VCOHP Oral Health Advisory Committee Members, Staff and Consultants

(In alpha order by first name)

Members	Affiliation/Organization
Adriana Lujan	Clinicas del Camino Real, Inc.
Alicia Villicana	Ventura County Public Health
Anna Marie Aguilar	Ventura County Public Health
Catherine Pedrosa	United Way of Ventura County
Dawn Anderson	Ventura County Office of Education
Erik Cho	Ventura County Health Care Agency
Fernando Medina	Ventura County Health Care Agency
Jack Hinojosa	Child Development Resources
Jaspreet Bal, DDS	Clinicas del Camino Real, Inc.
Jennifer Herrera	United Way of Ventura County
Jennifer Palomino	Ventura County Public Health
Jeremy Meyer	Child Development Resources
Jessica Chavez	Santa Barbara/Ventura County Dental Foundation
JoAnn Torres	Ventura County Public Health/Staff
Joshua Humphrey	Salvation Army
Laura Ortega	Ventura County Public Health
Lauren Arzu	First 5 Ventura County
Linda Lacunza	Santa Barbara/Ventura County Dental Society
Lupe Gonzalez	Gold Coast Health Plan
Mark Lisagor, DDS	Santa Barbara/Ventura County Dental Foundation
Mary Newton	Ventura County Dental Hygienists' Association
Nani Osterlie	First 5 of Ventura County
Nelly Beltran	Big Smiles
Nena Casillas	Angel Smiles/Oxnard College
Patti Sheldon	Ventura County Public Health
Pauline Preciado	Gold Coast Health Plan
Petra Puls	First 5 of Ventura County
Rigoberto Vargas	Ventura County Public Health
Sam McCoy	First 5 Ventura County
Susan Englund	United Way of Ventura County
Susan White Wood	Ventura County Health Care Agency
Consultants	
Barbara Aved, PhD	Barbara Aved Associates

ATTACHMENT 2

Key Informant Interviewees

(In alpha order by first name)

Name	Affiliation/Organization
Angelica Cisneros	Staff to Assemblymember Monique Limon
Anna Marie Aguilar	Ventura County Public Health
Anne Baltzar and Pauline Gluck	Tri Counties Regional Center
Antonio Castro, EdD	Ventura County Office of Education
Arcenio J. Lopez	Mixteco/Indegina Community Organizing Project
Catherine Pedrosa and Susan Englund	United Way of Ventura County
Chris Landon, MD	Ventura County Pediatric Diagnostic Clinic
Gagan Pawar, MD	Clinicas de Camino Real
Jeremy Meyer	Child Development Resources
Jessica Chavez	Santa Barbara/Ventura Counties Dental Foundation
Karen Miller	Oak Park Dentistry for Children
Kim Evans	Ventura County Military Collaborative
Lauren Arzu and Sam McCoy	First 5 Ventura County
Letty Alvarez	Ventura County Public Health
Lisa Safaeinili	Westminster Free Clinic
Michelle Laba, MD	Ventura County Health Care Agency
Nancy Wharfield, MD	Gold Coast Health Plan
Nelly Beltran	Big Smiles
Nina Trujillo	Colgate Bright Smiles, Bright Futures
Seleta Dobrosky	Ventura County Public Health
Sylvia Lopez-Navarro	Ventura County Public Health
Teresa Sealy and Susan Murphy	Conejo Free Clinic

ATTACHMENT 3

Ventura County Dentist Survey[69]

Dear Dentist:

Thank you for taking 4-5 minutes to respond to this brief survey. Your feedback is very important and will be useful to the Ventura County Oral Health Collaborative for improving care for low-income children and adults in our community. It is also your opportunity to express how you really feel about Denti-Cal. **This survey is for all dentists who see patients from Ventura County whether or not you see Denti-Cal patients.** Please respond by **April 10, 2018**—and encourage your colleagues to respond as well. Thank you.

Q1 Please describe your main type of practice: (check only 1)
- a) ____ General dentist, private practice
- b) ____ Pediatric dentist, private practice
- c) ____ Other dental specialist, private practice
- d) ____ Community Clinic dental practice
- e) ____ Other (please specify)

Q2 City/town where this practice (your *main* practice) is located:

Q3 Type of patients in this practice: (check only 1)
- a) ____ Children only
- b) ____ Adults only [please skip the next two questions; go to Question 6]
- c) ____ Children and adults

Q4 At what age do you first start seeing children in this practice?
- a) ____ age 1 or first tooth
- b) ____ age 2
- c) ____ age 3
- d) ____ age 4 or older

Q5 Who does dental sealants in your office?
- a) ____ Dentist
- b) ____ RDH/RDA
- c) ____ No one; we do see children but don't provide sealants
- d) ____ We don't see children in this practice

Q6 How does this practice relate to the community dental clinics in your area?
- a) ____ No relationship
- b) ____ We accept their referrals
- c) ____ We sometimes refer patients to them
- d) ____ Other (please describe)
- e) ____ Non-applicable (i.e., *we* are a community dental clinic)

Q7 Do you provide dental care to pregnant patients (routine teeth cleanings, dental X-rays, local anesthesia, etc.)?
- a) ____ Yes
- b) ____ Yes, but only in the 1st and 2nd trimesters
- c) ____ No
- d) ____ This question isn't applicable to our patient population

Q8 How often do you consult with a pregnant patient's prenatal care provider about a dental treatment plan?
- a) ____ Frequently
- b) ____ Rarely
- c) ____ Only when I'm aware of or concerned about a problem
- d) ____ This question isn't applicable to our patient population

Q9 Do you currently see patients with Denti-Cal?
- a) ____ Yes, *in this practice* (please skip to Question 14)
- b) ____ Yes, *but only on a voluntary basis elsewhere*, e.g., CDA Cares Day, health fairs
- c) ____ No

Q10 Did you ever used to take patients with Denti-Cal in this practice?

a) ____ Yes

1) Why did you stop? (Check all that apply)

a. ___ Reimbursement rates too low
b. ___ Patient behavior (no-shows, patient management issues)
c. ___ Administrative concerns (provider enrollment, claims processing, prior authorization)
d. ___ Other (please describe)

b) ____ No [please continue]

Q11 What *might* make a difference for your decision to begin to take patients with Denti-Cal in this practice?

a) ____ Nothing; I don't wish to accept Denti-Cal (Please skip to Q19)
b) ____ I *might* be interested if the following changed or improved (check all that apply)
1) ___ Reduced administrative/claims processing burden
2) ___ Help with no-shows/patient compliance issues
3) ___ Higher reimbursement rates
4) ___ Easier credentialing process to become a Denti-Cal provider
5) ___ Other (please describe)

Q12 *If* one or more of these improvements or changes happened, how likely would you be to start taking Denti-Cal patients?

a) ____ Very likely
b) ____ Likely
c) ____ Somewhat likely
d) ____ Somewhat unlikely
e) ____ Unlikely
f) ____ Very unlikely

Q13 How much of an increase in current Denti-Cal rates *could* make a difference to your practice to begin to accept patients with Denti-Cal?

a) ____ 20% - 30% increase
b) ____ 30% - 40% increase
c) ____ 40% - 50% increase
d) ____ 50% - 60% increase
e) ____ 60% - 70% increase
f) ____ 70% - 80% increase
g) ____ No amount of increase would make a difference

Q14 What were the main factors that influenced your decision to be a Denti-Cal provider? (check all that apply)

a) ____ It's a helpful source of revenue
b) ____ I want to provide a service to these patients/to the community
c) ____ It's generally no more difficult to submit claims/get paid than with a commercial insurance company
d) ____ Other (please describe)

Q15 What limitations do you place on seeing Denti-Cal patients in this practice? (check all that apply)

a) ____ None; we appoint them just the same as with all patients
b) ____ We limit to X number of appointments per day or per week
c) ____ No more than 2 siblings (children) are given appointments on the same day
d) ____ We appoint them in specific offices in our multi-location practice
e) ____ We appoint them only if the person was previously an insured patient
f) ____ Other (please describe)

Q16 How far out are appointments booked *for Denti-Cal patients* for a routine, non-urgent visit? (complete for the types of patients seen in this practice)

a) CHILD ___ weeks
b) ADULT ___ weeks

Q17 How far out are appointments booked *for private-pay/commercially insured patients* for a routine, non-urgent visit? (complete for the types of patients seen in this practice)

c) CHILD ___ weeks
d) ADULT ___ weeks

Q18 Do you have current capacity to see more *Denti-Cal* patients in this practice?

a) ____ Yes, no limit on capacity
b) ____ Yes, but only a few more
c) ____ No, we have about as many as we want

Q19 What 1 thing would you change in Ventura County to improve access to dental care for children and adults?

For children: *For adults*:

Q20 Would you be willing to participate, even minimally, in a future time-limited group (e.g., task force) to help develop an action plan to improve oral health in Ventura County, such as what you described above?

a) ____ Yes
Name (please print) _____
Best contact (email or phone) _____
b) ____ No thanks

Q21 Additional comments that could add insight to the county oral health needs assessment?

Thank You!

VENTURA COUNTY PUBLIC HEALTH
A Department of Ventura County Health Care Agency

Attachment 4

Community Oral Health Survey (English Version)[1]

Thank you for taking the time to fill out this questionnaire. Your opinions and experience concerning oral health (teeth, gums) will help improve services for children and adults in Ventura County. Adults, please check the box that best shows your response; if you have a child between ages 1-17, please also answer the questions on the back for your youngest child.

Part I: Adults

Your Health:

1. How would you rate your own oral health?
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
2. Do you currently need to see a dentist for a problem?
   ☐ Yes ☐ No ☐ I don't know
3. If yes, when?
   ☐ Immediately ☐ I could probably wait 1-3 months
4. Tobacco use - smoking? (Includes cigarettes, cigars, vaping or any other way to smoke tobacco)
   - ☐ Never smoked
   - ☐ Used to, but not anymore
   - ☐ Smoke occasionally
   - ☐ Smoke regularly
5. Tobacco use - chew?
   - ☐ Never chewed
   - ☐ Used to, but not anymore
   - ☐ Chew occasionally
   - ☐ Chew regularly

Your Oral Health Experience:

6. When you go to the dentist, do you understand what they tell you?
   ☐ Always ☐ Most of the time ☐ Some of the time ☐ Rarely or never ☐ I don't go to the dentist
7. How many times do you do these activities in a typical day?

	0 times	1 time	2 or more times
Brush your teeth	☐	☐	☐
Floss your teeth	☐	☐	☐

7. At my regular medical visit, my doctor usually talks to me about my oral health.
   ☐ True ☐ False ☐ I don't know
8. How often have you experienced the following conditions *in the last year*?

	Often	Sometimes	Rarely	Never
Bleeding gums	☐	☐	☐	☐
Swollen, red gums/cheeks	☐	☐	☐	☐
Pus in teeth or gums	☐	☐	☐	☐
Decayed or broken teeth	☐	☐	☐	☐

9. Have you ever had to have any of your adult (permanent) teeth pulled, not including wisdom teeth?
   ☐ Yes ☐ No ☐ I don't know
10. Do you wear dentures (partial or full)? ☐ Yes ☐ No

11. Have you ever had any of these concerns for yourself or for your child about visiting the dentist?

	Yes	No
You're afraid to find out what dental care you might need	☐	☐
You're afraid of shots that might be needed for treatment	☐	☐
You had a bad past experience	☐	☐

12. Do you have dental insurance?
    ☐ Yes ☐ No
    a. If Yes, what type? ☐ Private (through job) ☐ Medi-Cal/Denti-Cal ☐ Other

13. When was your last dental visit for a regular check-up?
    ☐ In the last year [*Skip the next question*] ☐ 1-2 years ago ☐ 3-5 years ago ☐ More than 5 years ago ☐ Never

14. If it's been more than a year (or never) since you saw the dentist, what are the main reasons? *[Check no more than 3]*
    a. Don't know where to go/can't find provider who takes my insurance
    b. Afraid of the dentist
    c. Language difficulty
    d. Cannot afford it
    e. Distance too far
    f. My teeth seem healthy/I take care of them myself
    g. Hours not suitable (can't get off work/school to go)
    h. Other (Please describe: _____ _____)

15. Has your dentist or medical doctor ever recommended not having dental treatment because of pregnancy?
    ☐ I've never been pregnant ☐ No ☐ Yes

Your Opinion:

8. Children should have their first dentist visit by:
    ☐ Age 1 ☐ Age 3 ☐ When they start school ☐ I don't know

9. "Baby teeth" don't count much because they are going to fall out anyway.
    ☐ True ☐ False ☐ I don't know

10. There is a connection between gum disease and heart disease.
    ☐ True ☐ False ☐ I don't know

11. There is a connection between gum disease and diabetes.
    ☐ True ☐ False ☐ I don't know

12. How likely would you be to finish dental treatment if it took more than 1 visit?
    ☐ Definitely finish ☐ Likely finish ☐ Unlikely to finish ☐ Wouldn't finish

Please tell us about yourself:

13. Age? ☐ 18-26 years ☐ 27-40 years ☐ 41-64 years ☐ 65+ years
14. Ethnicity? ☐ White/Caucasian ☐ Latino/Hispanic ☐ Black/African American ☐ Asian/Pacific Islander ☐ Other
15. Your city/town? _____ [Fill in the blank]

Please tell us about your children ages 1-17 (if any):

(Survey continues on next page)

Part II. CHILDREN

Parents with children ages 1-17 ➡ please complete this section for your youngest child. Thank you!

1. This child's age? _____
2. How old was this child when he/she first went to the dentist? _____
3. How often do you usually take this child to the dentist?
   - ☐ Every 6 months
   - ☐ Once a year
   - ☐ Every 1 - 2 years
   - ☐ 2+ years
   - ☐ When in pain
   - ☐ Never
4. If it's been more than 6 months (or never) since this child saw a dentist, what are the main reasons? *[Check up to 3]*
   - ☐ Don't know where to go/can't find provider who takes my insurance
   - ☐ Afraid of the dentist (parent or child has fear)
   - ☐ Language difficulty
   - ☐ Cannot afford it
   - ☐ Distance too far
   - ☐ His/her teeth seem healthy/I take care of them myself
   - ☐ Hours not suitable (can't get off work/school to go)
   - ☐ Other (Please describe: _____)
5. Has this child ever had a dental sealant(s) ☐ No ☐ Yes
6. Has this child ever had an untreated decayed tooth/cavity? ☐ No ☐ Yes
7. Did this child ever need sedation (be put to sleep) to have dental treatment?
   - ☐ No ☐ Yes
   - ☐ If Yes, did you have trouble finding a place to go? ☐ No ☐ Yes
8. 'How many times does this child (with or without your help) do these activities in a typical day?

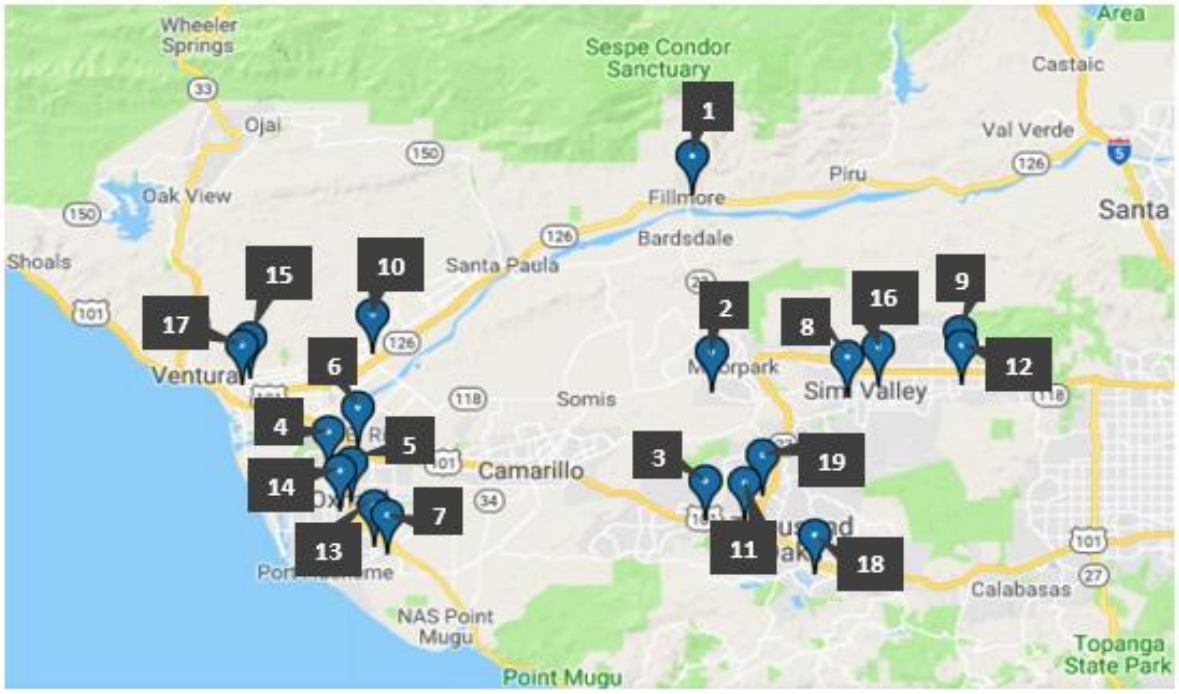
	0 times	1 time	2 or more times
Brush teeth	☐	☐	☐
Floss teeth	☐	☐	☐

9. On a typical day, how many glasses/cans of soda (such as Coke or Sprite) or other sweetened drinks (such as fruit punch, Sunny Delight or Jumex) does this child drink? (Do not count diet, sugar-free drinks or 100% Juice.) _____

THANK YOU!

[1]Note: The survey was re-formatted to better fit the presentation in this report.

Map of Ventura County Available Safety Net Dental Services



Dental Services Map List

Ventura County

1	Clinicas Del Camino Real, Inc.
2	Clinicas Del Camino Real, Inc.
3	Clinicas Del Camino Real, Inc.
4	Clinicas Del Camino Real, Inc.
5	Clinicas Del Camino Real, Inc.
6	Clinicas Del Camino Real, Inc.
7	Clinicas Del Camino Real, Inc.
8	Clinicas Del Camino Real, Inc.
9	Clinicas Del Camino Real, Inc.
10	Clinicas Del Camino Real, Inc.
11	Conejo Free Clinic
12	Free Clinic of Simi Valley
13	Oxnard College Dental Clinic
14	Salvation Army Free Clinic
15	Ventura County Health Care Agency/ Pediatric Diagnostic Center
16	Western Dental Services
17	Western Dental Services
18	Westminster Free Clinic & Community Care Center (Dental Site Only)
19	Westminster Free Clinic & Community Care Center (Main Clinic – Medical & Community Center)

Source: http://www.healthmattersinvc.org/resourcelibrary/index/collection?alias=dentical

ATTACHMENT 6

Kinder Assessment School District List

System for California Oral Health Reporting (SCOHR) Summary Report, Districts Submitting and not Submitting Data, by Fiscal Year

(In Alphabetical Order)

District	Fiscal Year 2014-2015 Data (n=9)	Fiscal Year 2015-2016 Data (n=14)	Fiscal Year 2016-2017 Data (n=12)
Briggs Elementary	Data[1]	Data	Data
Conejo Valley Unified	No Data Entered[2]	No Data Entered	No Data Entered
Fillmore Unified	No Data Entered	No Data Entered	No Data Entered
Hueneme Elementary	No Data Entered	Data	Data
Mesa Union Elem.	Data	Data	Data
Moorpark Unified	Data	Data	Data
Mupu Elementary	No Data Entered	No Data Entered	No Data Entered
Oak Park Unified	No Data Entered	Data	No Data Entered
Ocean View Elem.	Data	Data	Data
Ojai Unified	Data	Data	Data
Oxnard Elementary	No Data Entered	No Data Entered	No Data Entered
Pleasant Valley	Data	Data	Data
Rio Elementary	No Data Entered	Data	Data
Santa Clara Elementary	No Data Entered	Data	No Data Entered
Santa Paula Elementary	No Data Entered	No Data Entered	No Data Entered
Simi Valley Unified	Data	Data	Data
Somis Union	No Data Entered	Data	Data
Ventura County Office of Education	Data	Data	Data
Ventura Unified	Data	Data	Data

Source: Ventura County Office of Education Health and Prevention.

[1]Data were submitted.

[2]No Data were submitted.

ATTACHMENT 7

Denti-Cal Utilization in Ventura County Zip Codes, FY 2016-17

Ventura County Children 0-20				Ventura County Adults 21+			
Zip Code	Beneficiaries (eligibles)[1]	Children Ages 0-20 Total Users[2]	% Utilization[3]	Zip Code	Beneficiaries (eligibles)[1]	Adults Ages 21+ Total Users[2]	% Utilization[3]
91320	3,222	1,269	39.4%	91320	4,714	814	17.3%
91360	3,703	1,518	41.0%	91360	5,781	996	17.2%
91361	604	185	30.6%	91361	1,195	208	17.4%
91362	2,238	885	39.5%	91362	3,621	645	17.8%
91377	427	100	23.4%	91377	830	113	13.6%
93001	5,915	2,698	45.6%	93001	9,139	1,588	17.4%
93003	5,766	2,275	39.5%	93003	8,942	1,747	19.5%
93004	3,274	1,287	39.3%	93004	4,629	983	21.2%
93010	3,915	1,569	40.1%	93010	6,142	1,127	18.3%
93012	1,525	552	36.2%	93012	2,722	456	16.8%
93015	4,396	2,037	46.3%	93015	4,705	977	20.8%
93021	4,049	1,871	46.2%	93021	5,170	984	19.0%
93022	833	370	44.4%	93022	1,106	189	17.1%
93023	2,114	832	39.4%	93023	3,640	682	18.7%
93030	16,912	9,116	53.9%	93030	19,133	3,562	18.6%
93033	28,007	15,830	56.5%	93033	27,254	4,640	17.0%
93035	3,328	1,540	46.3%	93035	4,707	787	16.7%
93036	9,578	4,942	51.6%	93036	10,444	1,953	18.7%
93041	3,909	1,942	49.7%	93041	4,758	891	18.7%
93060	8,322	4,367	52.5%	93060	9,051	1,741	19.2%
93063	4,695	1,718	36.6%	93063	7,497	1,387	18.5%
93065	6,670	2,520	37.8%	93065	9,838	1,686	17.1%
93066	346	154	44.5%	93066	432	57	13.2%
			Avg = 42.6%				**Avg = 17.8%**

Source: California Department of Health Care Services, Medi-Cal Dental Division, July 24, 2018.

[1]Includes unduplicated eligibles with no continuous eligibility requirements.

[2]Total number of unduplicated beneficiaries with at least one dental service in the measurement period for specified age group.

[3]Percentage of Total Users/Eligibles.

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[57] https://nccd.cdc.gov/oralhealthdata/ accessed March 29, 2018.
[58] California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Program, *Maternal and Infant Health Assessment (MIHA) Survey, 2015-2016*, June 19, 2018.
[59] In 2015, California passed a law that allows all low-income undocumented children and youth under 19 years old to enroll in full-scope Medi-Cal. As of May 16, 2016, all low-income children, regardless of immigration status, are able to enroll in health coverage and get care. However, at the age of 19, undocumented children and youth are no longer eligible for Denti-Cal services.
[60]http://www.dhcs.ca.gov/services/Documents/MDSD/Fee%20For%20Service%20Performance%20Measures/FFS%20Quarterly(Fiscal%20Year)%20Reports/2015-2016/SFY15-16Q4%20SUPUtilByCounty.pdf accessed March 21, 2018.
[61] Medi-Cal recipients have a fully restored package of dental benefits in 2018 as a result of legislative action taken during the 2017-18 budget process. Currently, adult benefits in Denti-Cal include basic preventive, diagnostic, restorative, anterior tooth endodontic treatment, complete dentures and complete denture reline/repair services.
[62] ADA Health Policy Institute analysis of Medicaid Expenditure Panel Survey, Nasseh and Vujick, *Dental Utilization Rate Continues to Increase Among Children, Holds Steady among Working-age Adults and the Elderly,* HPI, 2015.
[63] No one declined an interview; however, two individuals did not respond to multiple invitations to participate.
[64] For examples of cultural beliefs about oral health see Carteret M. *How Culture Affects Oral Health Beliefs and Behaviors*, Dimensions of Culture, January 31, 2013.
[65] MICOP case managers helped survey over 110 people orally in Mixteco, and filled out the survey using the Spanish version. Therefore the Mixtec-speaker data was aggregated with the Spanish speaking cohort.
[66] https://jada.ada.org/article/S0002-8177(14)63742-9/pdf accessed April 9, 2018.
[67] Yi-Ling L, et al. Child dental fear in low-income and non-low-income families: A school-based survey study. *J Dent Sciences* May 2014;9(2):165-171.
[68] American Academy of Pediatric Dentistry. Guideline on behavior guidance for the pediatric dental patient. *Pediatr Dent 2008;30(suppl):125-33.* American Academy of Pediatric Dentistry. Guideline on use of anesthesia personnel in the administration of office-based deep sedation/general anesthesia to the pediatric dental patient. Adopted 2001, Revised,2005, 2007, 2009.
[69] The survey was formatted for Survey Monkey. The actual order of questions and skipping patterns are not as shown above.